

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 28, 2002 8:00 am
Secretary of State

03-05-2002 90022 006 ****61.25

DOCUMENT # 729039

1. Entity Name

CLUB HOUSE COVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11606 NW 19 DRIVE
 CORAL SPRINGS FL 33071
 US

BROCK MANAGEMENT
 P.O. BOX 770668
 CORAL SPRINGS FL 33071
 US

29604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1610006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, JANE
 11606 NW 19 DRIVE
 CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D LAUER, VIRGINIA
 1100 CRYSTAL LAKE DR
 POMPANO FL 33064 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D CARTER, CHARLOTTE
 1100 CRYSTAL LAKE DR, #102
 POMPANO FL 33064 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Maria Lopez
 1100 Crystal Lake Dr #102
 Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP BICKEL, BETH
 1100 CRYSTAL LAKE DRIVE
 POMPANO BEACH FL 33064 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Gail Ricks
 1100 Crystal Lake Dr #112
 Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)