

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 729039

1. Entity Name
CLUB HOUSE COVE ASSOCIATION, INC.



Principal Place of Business
**11606 NW 19 DRIVE
CORAL SPRINGS, FL 33071 US**

Mailing Address
**PO BOX 770850
CORAL SPRINGS, FL 33077 US**



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BROCK, JANE
11606 NW 19 DRIVE
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000475361
04/05/06-00012-014 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAUER, VIRGINIA 1100 CRYSTAL LAKE DR POMPANO, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, MARIA 1100 CRYSTAL LAKE DR., #108 POMPANO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PARKS, GAIL 1100 CRYSTAL LAKE DR, #112 POMPANO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wanda D. Lauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06 Date 954-944-2025 Daytime Phone #