

2002 UNIFORM BUSINESS REPORT (UBR)

0017699

DOCUMENT # 754183

1. Entity Name

NORTH COVE CONDOMINIUM ASSOCIATION, INC.

FILED

02 OCT 10 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

NORTH COVE CONDOMINIUM
320 SOUTHWOOD CT #2
NORTH PALM BEACH FL 33408
US

Mailing Address

NORTH COVE CONDOMINIUM
320 SOUTHWOOD CT BOX #2
NORTH PALM BEACH FL 33408
US

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

59-2255642

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

KELLY, ANN M
316 SOUTHWOOD CT
#104
NORTH PALM BEACH FL 33408

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. 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

After September 13, 2002,
min. will be \$236.25.

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 1VPD ☒ Delete
NAME TIEDMAN, JOHN
STREET ADDRESS PO BOX 394
CITY-ST-ZIP REX GA 30273

TITLE 2VPD ☐ Change ☒ Addition
NAME Linda Tiedman
STREET ADDRESS 3403 Hidden Lane
CITY-ST-ZIP Rex Georgia 30273

TITLE TD ☐ Delete
NAME INSERRA, JOYCE
STREET ADDRESS 316 SOUTHWIND CT. #105
CITY-ST-ZIP N. PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME 200008335072--6
STREET ADDRESS -10/11/02--01059--008
CITY-ST-ZIP *****61.25 *****61.25

TITLE 2VPD ☐ Delete
NAME OGLETREE, BARBARA
STREET ADDRESS 320 SOUTHWIND COURT #112
CITY-ST-ZIP N. PALM BCH. FL

TITLE 1VPD ☒ Change ☐ Addition
NAME Ogletree, Barbara
STREET ADDRESS 320 Southwind Ct, #112
CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE PD ☐ Delete
NAME KELLY, ANN M
STREET ADDRESS 316 SOUTHWOOD CT #104
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE D ☒ Delete
NAME HUFF, JOY
STREET ADDRESS 312 SOUTHWIND CT #202
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Change ☒ Addition
NAME William Shields
STREET ADDRESS 320 Southwind Ct #109
CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *ANN M. KELLY* REQUIRED

10/2/03

CR2E037 (4/02)