

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
 04-07-2002 90568 034 ***158.75

0350260 AV

DOCUMENT # F21484

1. Entity Name
CLUB COTTAGES MANAGEMENT COMPANY

Principal Place of Business 1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402	Mailing Address 1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2075424		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH. LKS. BLVD. #1100 WEST PALM BEACH FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ECCLESTONE, E LLYWD, JR 1555 PALM BCH LKS. BLVD. W PALM BEACH, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOPER, RON 1555 PALM BCH LKS BLVD. W. PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BCH LKS BLVD W PALM BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other, if empowered.

SIGNATURE: Ron Cooper *[Signature]* **3/1/02** **561/686-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)