

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90047 033 ****61.25

DOCUMENT # N00000001060

1. Entity Name

LEGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12230 FOREST HILL BLVD., STE. 150
 WELLINGTON FL 33414

12230 FOREST HILL BLVD., STE. 150
 WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

c/o GRS Management Assoc. Inc.

c/o GRS Management Assoc. Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

3900 Woodlake Blvd STE 201

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33463

USA

33463

USA

4. FEI Number

65-1022914

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

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 2800
MIAMI FL 33131

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 DREWS, ROBERT 12230 FOREST HILL BLVD., STE. 150 WELLINGTON FL 33414	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSELIN, ANETTE 12230 FOREST HILL BLVD., STE. 150 WELLINGTON FL 33414	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKARD, GARY 12230 FOREST HILL BLVD., STE. 150 WELLINGTON FL 33414	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREWS, Robert 1013 N. STATE Rd 7 Royal Palm Bch FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gosselin, Anette 1013 N. STATE Rd #7 Royal Palm Bch FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Indiviglio, MARIO 1013 N. STATE Rd #7 Royal Palm Bch FL 33411	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Robert W. Drews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

Daytime Phone #

CR2E037 (9/01)