

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 034 ****61.25

DOCUMENT # N00000007305

1. Entity Name
TRADITION COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**275 TONY PENNA DRIVE
#7
JUPITER, FL 33458**

Mailing Address
**275 TONEY PENNA DRIVE
7
JUPITER, FL 33458**

40051017



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1080516

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THE SUNRISE COMPANIES
275 TONEY PENNA DR.
#7
JUPITER, FL 33458**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD *Gertsman*** ☐ Delete
NAME **GOLDSMAN, BARRY**
STREET ADDRESS **7080 TRADITION COVE LN EAST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

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

TITLE **VPD** ☐ Delete
NAME **CHERNUCHIN, UNN**
STREET ADDRESS **7120 TRADITION COVE LN EAST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

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

TITLE **TSD** ☒ Delete
NAME **HAAS, JOHN**
STREET ADDRESS **7070 TRADITION COVE LN EAST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TSD** ☐ Change ☒ Addition
NAME ***Barry Weissberg***
STREET ADDRESS ***7115 Tradition Cove Ln. W.***
CITY-ST-ZIP ***W.P.B. 71 33412***

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ***5 Mark Ladou***
STREET ADDRESS ***7124 Tradition Cove Ln. W.***
CITY-ST-ZIP ***W.P.B. 71 33412***

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

Barry Gertsman - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 (561) 575-7792
Date Daytime Phone #