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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19454 (0)

1. Corporation Name

COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US

3. Date Incorporated or Qualified: 02/27/1987

4. FEI Number: 59-2805412 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, MICHAEL H.
12765 W. FOREST HILL BLVD
BLVD 1302
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, MICHAEL		1.2 NAME	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302		1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP	
TITLE	~~S~~	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	NEWBOLD, BOB		2.2 NAME	
STREET ADDRESS	~~12204 SAG HARBOUR COURT~~		2.3 STREET ADDRESS	12765 W FOREST Hill Blvd #1302
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	DP	☒ DELETE	3.1 TITLE	P,D ☐ Change ☒ Addition
NAME	RAUCH, STEVE		3.2 NAME	ROSEMARY GIUFFRE
STREET ADDRESS	~~12188 S SAG HARBOUR CT.~~		3.3 STREET ADDRESS	12765 W Forest Hill Blvd #1302
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	D (VP)	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	DAVID LAGNADO		4.2 NAME	DWIGHT SAXON
STREET ADDRESS	~~12220 #1 SAGHARBOUR CT~~		4.3 STREET ADDRESS	12765 W FOREST Hill Blvd #1302
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	DT	☒ DELETE	5.1 TITLE	P,D ☐ Change ☒ Addition
NAME	KRONISH, RHODE		5.2 NAME	VICKI LOECH
STREET ADDRESS	~~12228 #8 SAG HARBOUR~~		5.3 STREET ADDRESS	12765 W FOREST Hill Blvd #1302
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-ST-ZIP	Wellington FL 33414
TITLE		☐ DELETE	6.1 TITLE	S,D ☐ Change ☒ Addition
NAME			6.2 NAME	ALMA WALKER
STREET ADDRESS			6.3 STREET ADDRESS	12765 W forest Hill Blvd #1302
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Wellington FL 33414

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael H. Nelson MICHAEL H. NELSON PS 4/11/98 561-753-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #