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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19454**

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 HLL BLVD SUITE 1302 WELLINGTON FL 33414 US

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualifed
02/27/1987

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

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

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

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	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NEWBOLD, BOB		2.2 NAME		
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		2.3 STREET ADDRESS	12220 Sag Harbor #4	
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP	Wellngtn, FL 33414	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GLUFFRE, ROSEMARY		3.2 NAME		
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		3.3 STREET ADDRESS	12228 Sag Harbor #4	
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP	Wellngtn, FL 33414	
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DAVID LAGNADO		4. 2 NAME		
STREET ADDRESS	12220 #1 SAGHARBOUR CT		4.3 STREET ADDRESS	12220 Sag Harbor #1	
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP	Wellngtn, FL 33414	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAXON, DWIGHT		5.2 NAME		
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	LEECH, VICKI		6.2 NAME		
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		6.3 STREET ADDRESS	12244 Sag Harbor #3	
CITY-ST-ZIP	WELLINGTON FL 33414		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 561-793-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)