

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19454

1. Entity Name

COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90040 030 ****61.25

0053893

Principal Place of Business

Mailing Address

ASSOC. PROP. MGMT
 400 S. DIXIE HWY #10
 LAKE WORTH FL 33460
 US

ASSOC. PROP. MGMT
 400 S. DIXIE HWY #10
 LAKE WORTH FL 33460
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2805412

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

ASSOC. PROPERTY MGMT OF THE PB, INC
 400 S. DIXIE HWY
 #10
 LAKE WORTH FL 33460

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	AS	☒ Delete
NAME	NELSON, MICHAEL	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DT	☐ Delete
NAME	NEWBOLD, BOB	
STREET ADDRESS	12220 SAGHARBOUR CT #4	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	☒ Delete
NAME	OLUFFRE, ROSEMARY	
STREET ADDRESS	12228 SAGHARBOUR CT #4	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	☒ Delete
NAME	DAVID LAGNADO	
STREET ADDRESS	12220 SAGHARBOUR CT #1	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	☒ Delete
NAME	LEECH, VICKI	
STREET ADDRESS	12244 SAGHARBOUR CT #3	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Delete
NAME	HUGH ROBINSON	
STREET ADDRESS	12188-2 SAG HARBOR CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	

TITLE	PD	☐ Change ☒ Addition
NAME	GOLDSTEIN, RAY	
STREET ADDRESS	12196-5 SAG HARBOR CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VS	☐ Change ☒ Addition
NAME	WORK, IRA	
STREET ADDRESS	12220-6 SAG HARBOR CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	☐ Change ☒ Addition
NAME	WALKER, ALMA	
STREET ADDRESS	12220 SAG HARBOR CT #6	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☐ Change ☒ Addition
NAME	WALSER, LOIS	
STREET ADDRESS	12212 SAG HARBOR CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☐ Change ☒ Addition
NAME	BETANCOURT, MARIELLA	
STREET ADDRESS	12204 SAG HARBOR CT, #1	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☐ Change ☐ Addition
NAME	LORI SAMARIN	
STREET ADDRESS	12196-4 SAG HARBOR CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	

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:

Alma J. Walker

Alma J. Walker

3/28/01

561-848-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)