2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90379 038 ****61.25

DOCUMENT # N19454

1. Entity Name

COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1928 LAKE WORTH ROAD	1928 LAKE WORTH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country:	Zip: 33461 Country:

4. FEI Number: 59-2805412 ☐ 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
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 _____ DATE

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

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	PD GOLDSTEIN, RAY 12165 5 SAG HARBOR CT WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERT NEWBOLD 12220 Sag Harbor Ct. #4 Wellington FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WORK, IRA 12220 SAGHARBOUR CT #4 WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGH ROBINSON 12188 Sag Harbor Ct #2 Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALKER, ALMA 12220 SAG HBR CT 6 WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIA FABREGAT 12204 Sag Harbor Ct #3 Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSER, LOIS 12212 SAG HBR CT WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETANCOURT, MARIELLA 12204 SAG HBR CT 1 WELLINGTON FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMARIN, LORI 12196 4 SAG HBR CT WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Newbold 29 MARCH 2002 561 791-3036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #