

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90024 003 ****61.25

DOCUMENT # N19454

1. Entity Name

COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461
US

Mailing Address

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME GOLDSTEIN, RAY ☐ Delete
STREET ADDRESS 12196-5 SAG HARBOR CT.
CITY-ST-ZIP WELLINGTON FL 33414 (Change)

TITLE D
NAME ROBINSON, HUGH ☐ Change ☒ Addition
STREET ADDRESS 12188-2 SAG HARBOR CT.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD
NAME WORK, IRA ☐ Delete
STREET ADDRESS 12220-6 SAG HARBOR CT.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD
NAME Goldenstein, Ray ☒ Change ☐ Addition
STREET ADDRESS 12196-5 Sag Harbor Ct
CITY-ST-ZIP Wellington, FL 33414

TITLE SD
NAME JAKSTIS, SALLY- ☐ Delete
STREET ADDRESS 12212 SAG HARBOR CT. #6
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME Sally Jakotis ☐ Change ☐ Addition
STREET ADDRESS 12212 Sag Harbor Ct #6
CITY-ST-ZIP Wellington, FL 33414

TITLE D
NAME WALSER, LOIS ☐ Delete
STREET ADDRESS 12212 SAG HBR CT
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE TD
NAME NEWBOLD, ROBERT ☐ Delete
STREET ADDRESS 12220-4 SAG HARBOR CT.
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D
NAME SAMARIN, LORI ☐ Delete
STREET ADDRESS 12196 4 SAG HBR CT
CITY-ST-ZIP WELLINGTON FL 33414

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Goldenstein 3/26/04 361 791 0974