2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90059 050 ****61.25

DOCUMENT # N19454

1. Entity Name
COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US	ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
MMI of the Palm Beaches, Inc.	MMI of the Palm Beaches, Inc.
Suite, Apt. #, etc.: 901 Northpoint Parkway, Suite 108	Suite, Apt. #, etc.: 901 Northpoint Parkway, Suite 108
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: USA	Zip: 33407 Country: USA

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

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

7. Name and Address of New Registered Agent

Name: St. John, Cure, & Lemme P.A.
Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place, Suite 701
City: West Palm Beach FL Zip Code: 33401

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] DAVID A. CORE, Secretary 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDENSTEIN, RAY 12196-5 SAG HARBOR CT. WELLINGTON, FL 33414	☒ Delete	PD GREENBERG, LAWRENCE 112 EGRET CIRCLE WEST PALM BEACH FL 33413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WORK, IRA 12220-6 SAG HARBOR CT. WELLINGTON, FL 33414	☒ Delete	VD ROBINSON, JOSEPH 12188-2 SAG HARBOR COURT WELLINGTON, FL 33414	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAKSTIS; SALLY 12212 SAG HARBOR CT. #6 WELLINGTON, FL 33414	☒ Delete	SD VANDEVENDER, DONNA 12204-3 SAG Harbor Court Wellington, FL 33414	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSER, LOIS 12212 SAG HBR CT WELLINGTON, FL 33414	☒ Delete	D UTARA, DALE 12196-2 SAG HARBOR COURT WELLINGTON, FL 33414	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEWBOLD, ROBERT 12220-4 SAG HARBOR CT. WELLINGTON, FL 33414	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMARIN, LORI 12196 4 SAG HBR CT WELLINGTON, FL 33414	☒ Delete		☐ Change ☐ Addition

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] 2/23/05 (561) 966-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #