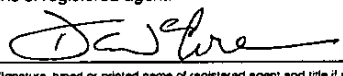
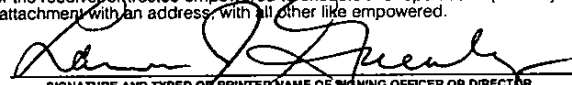


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 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 MME of the Palm Beaches, Inc.		3. Mailing Address MME 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			
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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, Core, & 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  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					
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☒ Addition
NAME	GOLDENSTEIN, RAY		NAME	GREENBERG, LAWRENCE	
STREET ADDRESS	12196-5 SAG HARBOR CT.		STREET ADDRESS	112 EGRET CIR	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	VD	☒ Delete	TITLE	VD	☒ Change ☒ Addition
NAME	WORK, IRA		NAME	ROBINSON, JOSEPH	
STREET ADDRESS	12220-6 SAG HARBOR CT.		STREET ADDRESS	12188-2 SAG HARBOR COURT	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☒ Addition
NAME	JAKSTIS, SALLY		NAME	VANDEVENDER, DONNA	
STREET ADDRESS	12212 SAG HARBOR CT. #6		STREET ADDRESS	12204-3 SAG HARBOR COURT	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☒ Addition
NAME	WALSER, LOIS		NAME	UTARA, DALE	
STREET ADDRESS	12212 SAG HBR CT		STREET ADDRESS	12196-2 SAG HARBOR COURT	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NEWBOLD, ROBERT		NAME		
STREET ADDRESS	12220-4 SAG HARBOR CT.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAMARIN, LORI		NAME		
STREET ADDRESS	12196 4 SAG HBR CT		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		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: 			2/23/05 (SC) 966-7652		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		