2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19454

FILED Apr 21, 2006 Secretary of State

Entity Name: COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
MMI OF THE PALM BEACHES INC. 901 NORTHPOINT PARKWAY SUITE 108 WEST PALM BEACH, FL 33407 US				C/O DAVENPORT PROF. PROP. MGMT. INC. 6620 LAKE WORTH ROAD. SUITE E LAKE WORTH, FL 33467 US		
Current Mailing Address:				New Mailing Address:		
MMI OF THE PALM BEACHES INC. 901 NORTHPOINT PARKWAY SUITE 108 WEST PALM BEACH, FL 33407 US				C/O DAVENPORT PROF. PROP. MGMT. INC. 6620 LAKE WORTH ROAD. SUITE E LAKE WORTH, FL 33467 US		
FEI Number:	59-2805412	FEI Number Applied For ()	FEI Nun	nber Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and Addr	ess of New Registered Agent:	
1601 FORU	CORE & LEMI IM PLACE SUI M BEACH, FL	TE 701				
The above in the State	named entity s of Florida.	ubmits this statement for the pu	ırpose o	f changing its regi	stered office or registered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () GREENBERG, L 112 EGRET CIR WEST PALM BE	CLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ROBINSON, JOS 12188-2 SAG HA WELLINGTON, F	ARBOR COURT		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () VANDEVENDER 11204-3 SAG HA WELLINGTON, F	ARBOR COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () UTARA, DALE 12196-2 SAG HA WELLINGTON, F			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () NEWBOLD, ROI 12220-4 SAG HA WELLINGTON, I	ARBOR CT.		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE GREENBERG P 04/21/2006