

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 010 ****61.25

DOCUMENT # N19454

1. Entity Name

COUNTRY CLUB COVE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

**1926 LAKE WORTH ROAD
LAKE WORTH FL 33461
US**

Mailing Address

**1926 LAKE WORTH ROAD
LAKE WORTH FL 33461
US**

2. Principal Place of Business

ASSOCIATED PROPERTY MGMT

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

3. Mailing Address

ASSOCIATED PROPERTY MGMT

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State

LAKE WORTH, FL

Zip

33461

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

**ASSOC. PROPERTY MGMT OF THE PB, INC
400 S. DIXIE HWY
#10
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

1928 LAKE WORTH RD.

City

LAKE WORTH

FL

Zip Code

33461

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

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
NAME	GOLDSTEIN, RAY	
STREET ADDRESS	12165 5 SAG HARBOR CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	☒ Delete
NAME	WORK, IRA	
STREET ADDRESS	12220 SAGHARBOR CT #4	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	☒ Delete
NAME	WALKER, ALMA	
STREET ADDRESS	12220 SAG HBR CT 6	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Delete
NAME	WALSER, LOIS	
STREET ADDRESS	12212 SAG HBR CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	☒ Delete
NAME	NEWBOLD, ROBERT	
STREET ADDRESS	12220 SAGHARBOR CT. #4	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Delete
NAME	SAMARIN, LORI	
STREET ADDRESS	12196 4 SAG HBR CT	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	GOLDSTEIN, RAY	
STREET ADDRESS	12196-5 SAG HARBOR CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	☒ Change ☐ Addition
NAME	WORK, IRA	
STREET ADDRESS	12220-6 SAG HARBOR CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	☐ Change ☒ Addition
NAME	JAKSTIS, SALLY	
STREET ADDRESS	12212 SAG HARBOR CT. #6	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	☒ Change ☐ Addition
NAME	NEWBOLD, ROBERT	
STREET ADDRESS	12220-4 SAG HARBOR CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☐ Change ☒ Addition
NAME	ROBINSON, HUGH	
STREET ADDRESS	12188-2 SAG HARBOR CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		☐ Change ☐ Addition
NAME		
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

ROBERT M. NEWBOLD 29 MARCH 2003

CR2E037 (10/02)