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May 07, 1999 8:00 am
Secretary of State
05-07-1999 90098 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25605**

1. Corporation Name
BLUE CORAL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
23123 STATE ROAD 7 SUITE 350-A BOCA RATON FL 33428	P.O. BOX 97-0069 BOCA RATON FL 33497-0069

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0117358 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PALOMBI, GARY
23123 STATE ROAD 7
SUITE 350-A
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	GUSHNER, HARVEY		1.2 NAME	George Bell	
STREET ADDRESS	17281 CORAL COVE WAY		1.3 STREET ADDRESS	17130 Coral Cove Way	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	PD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, WILLIAM		2.2 NAME		
STREET ADDRESS	17210 CORAL COVE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	NEWMAN, GERALD		3.2 NAME	Stephen Dworkin	
STREET ADDRESS	17161 CORAL COVE WAY		3.3 STREET ADDRESS	17230 Coral Cove Way	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEREKSY, CLIFFORD		4.2 NAME		
STREET ADDRESS	17261 CORAL COVE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	V/D	☑ Change ☐ Addition
NAME	RUBIN, ALAN		5.2 NAME		
STREET ADDRESS	17231 CORAL COVE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	P/D	☑ Change ☐ Addition
NAME	GORENSTEIN, ED		6.2 NAME		
STREET ADDRESS	17251 CORAL COVE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Harvey Gushner 5/4/99 997-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)