FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34717 (1)

1. Corporation Name

CHUKKER COVE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLVD. WEST PALM BEACH FL 33414	C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLVD. WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: 10/17/1989

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 65-0163505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLAUGHLIN, R.C. "MAC"
11809 POLO CLUB RD.
WEST PALM BEACH FL 33414

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: Robert C. McLaughlin 1-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, R.C.		1.2 NAME		
STREET ADDRESS	11809 POLO CLUB RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEGARLY, MARY BETH		2.2 NAME		
STREET ADDRESS	11809 POLO CLUB RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNER, TIM		3.2 NAME		
STREET ADDRESS	11809 POLO CLUB RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, HAROLD		4.2 NAME		
STREET ADDRESS	11809 POLO CLUB RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARR, DAN		5.2 NAME		
STREET ADDRESS	11809 POLO CLUB RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert C. McLaughlin 1-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #