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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33414-4763

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 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: John Newsome
82 Street Address (P.O. Box Number is Not Acceptable)
83: 12785-C Forest Hill Blvd.
84 City: Wellington **FL** 85 Zip Code: 33414

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: [signature] 4-7-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCLAUGHLIN, R.C. 11809 POLO CLUB RD. WEST PALM BEACH FL 33414	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Welch, Jack 11809 Polo Club Rd. Wellington, FL. 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEGARLY, MARY BETH 11809 POLO CLUB RD. WEST PALM BEACH FL 33414	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Allen B. Snow 11809 Polo Club Rd. Wellington FL 33414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'CONNER, TIM 11809 POLO CLUB RD. WEST PALM BEACH FL 33414	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SKINNER, HAROLD 11809 POLO CLUB RD WEST PALM BEACH FL 33414	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Tammy Greeley 11809 Polo Club Rd Wellington FL 33414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARR, DAN 11809 POLO CLUB RD. WEST PALM BEACH FL 33414	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Clark Hetherington 11809 Polo Club Rd Wellington FL 33414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] REQUIRED 4-7-97 798-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041190