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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34717

(1)

FILED Feb 26 1998 8:00am Secretary of State

| Unon | KER COVE HOME OWNE | RS ASSOCIATION, INC. | | | | | |
|---|--|---|---|---|--|--|---|
| Principal Place of Business Mailing Address | | | | | 1 (04) 101 149 1313 0/4/4 [300] | i ibal aifili aifil afbil aifil | |
| C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLVD. WEST PALM BEACH FL 33414 C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLV WEST PALM BEACH FL 33 | | | D. | | 3. Date Incorporated or Qualified 10/17/1989 4. FEI Number 65-0163505 Not Applied For | | |
| · | | 2a. Mailing Address | 2a. Mailing Address 26 | | Certificate of Status Desired | □ \$8.75 | Additional |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | | Required May Be |
| City & Stor | to | City & State | | | Trust Fund Contribution | | to Fees |
| City & State | | City & State | | 7. Is this nonprofit corporation a h | nomeowners associat Yes No | ion? | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has p | aid the current year i | ntangible |
| 24 | 26 | 29 | 30 | | Personal Property Tax due Jun | | ☐ No |
| | 9. Name and Address of Cur | rrent Registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| | | | 81 | Name | | | |
| | ME, JOHN | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | ible) | |
| 12785-C FOREST HILL BLVD | | | - | | | | |
| WELLIN | GTON FL 33414 | | 83 | | | | |
| | | | 84 | City | | 85 Zij | Code |
| 11. Pursuant | to the provisions of Sections 617. | 0502 and 617 1508 Florida Statuta | e the shove | named corn | poration submite this statement for the | FL O C | ite registered |
| office or | to the provisions of Sections 617.0 registered agent, or both, in the St am familiar with, and accept the ob | ale of Florida. Such change was a | uthorized by | the corporat | ion's board of directors. I bereby acce | nt the annointment a | is registered |
| | | | 2 | | non a pour a or an application in the copy door | spenie appointment | |
| | am tamiliar with, and accept the ob | oligations of, Section 617.0503, Flo | rida Statutes. | • | action of the second of the se | princip appointment | |
| agent. I a | | | | | | _ | |
| | Signature, typed or printed name of registered | | | | ed when reinstating) ADDITIONS/CHANGES TO OFFI | DATE | |
| SIGNATURE | Signature, typed or printed name of registered | segent and title it applicable. (NOTE | : Registered Agent | | red when reinstating) | DATE | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered OFFICERS A WELCH, JACK | s agent and tille it applicable. (NOTE AND DIRECTORS | : Registered Agent | | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered OFFICERS | s agent and tille it applicable. (NOTE AND DIRECTORS | 13. | it signature requir | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered OFFICERS A WELCH, JACK | s agent and tille it applicable. (NOTE AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | it signature requir | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered OFFICERS of WELCH, JACK 11809 POLO CLUB RD. WELLINGTON FL | s agent and tille it applicable. (NOTE AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET A | it signature requir | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered OFFICERS of WELCH, JACK 11809 POLO CLUB RD. WELLINGTON FL D SNOW, ALLEN B. | s agent and tille it applicable. (NOTE AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST | it signature requir | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS OFFI | s agent and tille it applicable. (NOTE AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE | t signature requir NDRESS -ZIP | red when reinstating) | DATE CERS AND DIRECTO | DRS IN 12 |
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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 of 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: # SIGNATALIRE REQUIR