## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## **FILED DOCUMENT # N34717** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name CHUKKER COVE HOME OWNERS ASSOCIATION, INC. 04-11-2000 90039 048 \*\*\*\*70.00 Principal Place of Business Mailing Address C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLVD. WEST PALM BEACN FL 33414 C/O WELLINGTON MANAGEMENT INC. 12785-C FOREST HILL BLVD. WEST PALM BEACH FL 33414-4777 3. Mailing Address 2. Principal Place of Business 11199 POLO CLUB KOAL 1199 PBL-0 CLUB DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number FL 65-0163505 WELLINGTON Not Applicable WELLINGTON Country \$8.75 Additional Country 5. Certificate of Status Desired 33414 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAIG Street Address (P.O. Bookumber is No NEWSOME JOHN 12785-C FOREST HILL BLVD WELLINGTON FL 33414 City 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. CRAIL T. GALLE JAN 12, 2000 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITI F HILLEW HOAK NAME NAME WELCH, JACK STREET ADDRESS STREET ADORESS 11809 POLO CLUB RD. CITY-ST-ZIP CITY-ST-7IP WELLINGTON FL TITLE TITLE D Delete NAME NAME O'CONNER, TIM STREET ADDRESS STREET ADDRESS 11809 POLO CLUB RD. WELLINGTON FL 33419 CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL 33414 Addition ☐ Delete TITLE TIT! F NAME NAME GALLE, CRAIG STREET ADDRESS STREET ADDRESS 11809 POLO CLUB RD CITY-ST-ZIE CITY-ST-ZIP WELLINGTON FL 33414 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TRICKELLIRE ECRAJO T. GALLE