

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90119 007 ****61.25

0050725

DOCUMENT # N34717

1. Entity Name

CHUKKER COVE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11199 POLO CLUB ROAD
WELLINGTON FL 33414****11199 POLO CLUB ROAD
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0163505

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLE, CRAIG
11199 POLO CLUB RD
WELLINGTON FL 33414**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D WELSH, JACK 11809 POLO CLUB RD. WELLINGTON FL	☐		☐
D GARCIA, CALIXS 11199 POLO CLUB RD WELLINGTON FL 33414	☐		☐
D GALLE, CRAIG 11809 POLO CLUB RD WELLINGTON FL 33414	☐		☐
	☐		☐
	☐		☐
	☐		☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JAN 10, 2001**

Date

(561) 790-7033

Daytime Phone #

CR2E037 (10/00)