

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90029 040 ****61.25

DOCUMENT # N34717					
1. Entity Name CHUKKER COVE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 11199 POLO CLUB ROAD WELLINGTON, FL 33414			Mailing Address 11199 POLO CLUB ROAD WELLINGTON, FL 33414		
2. Principal Place of Business 3461-B Fairlane Farms Rd Suite, Apt. #, etc.		3. Mailing Address 3461-B Fairlane Farms Rd Suite, Apt. #, etc.			
City & State Wellington, FL Zip 33414 Country USA		City & State Wellington Zip 33414 Country USA		4. FEI Number 01152004 Chg-NP CR2E037 (10/03) 65-0163505	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GALLE, CRAIG 11199 POLO CLUB RD WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: John Newsome Street Address (P.O. Box Number if Not Applicable): 40 Wellington Management 3461-B Fairlane Farms Rd City: Wellington FL Zip Code 33414		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. John Newsome (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D ☒ Delete NAME WELSH, JACK STREET ADDRESS 11809 POLO CLUB RD. CITY-ST-ZIP WELLINGTON, FL	TITLE President ☐ Change ☒ Addition NAME James Corbin STREET ADDRESS 3461-B Fairlane Farms Rd CITY-ST-ZIP Wellington, FL 33414				
TITLE D ☒ Delete NAME GARCIA, CALIXS STREET ADDRESS 11199 POLO CLUB RD CITY-ST-ZIP WELLINGTON, FL 33414	TITLE Vice President ☐ Change ☒ Addition NAME Susan Aeton STREET ADDRESS 3461-B Fairlane Farms Rd CITY-ST-ZIP Wellington FL 33414				
TITLE D ☒ Delete NAME SPANO, SAL V STREET ADDRESS 11199 POLO CLUB RD. CITY-ST-ZIP WELLINGTON, FL 33414	TITLE Treasurer ☐ Change ☒ Addition NAME Don Stever STREET ADDRESS 3461-B Fairlane Farms CITY-ST-ZIP Wellington FL 33414				
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE Secretary ☐ Change ☒ Addition NAME Linda Kaplan STREET ADDRESS 3461-B Fairlane Farms Rd CITY-ST-ZIP Wellington FL 33414				
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 				
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: president 3/8/04 561 798-2224 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					