

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90148 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000000389

1. Corporation Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

 100 RIVER BRIDGE BLVD
 SUITE 900
 W PALM BCH FL 33413
 US

Mailing Address

 100 RIVER BRIDGE BLVD
 SUITE 900
 W PALM BCH FL 33413
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		01/28/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0436242	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	Lois Caplan, 70 St. John Dicker + Caplan
82	Street Address (P.O. Box Number is Not Acceptable)	500 Ashland Ave. South
83	Suite	600
84	City	West Palm Beach
85	Zip Code	FL 33401

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3/30/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, DANIEL		1.2 NAME				
STREET ADDRESS	140 COVE RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREITMAN, IRWIN		2.2 NAME				
STREET ADDRESS	169 COVE RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPSUTO, LEON		3.2 NAME				
STREET ADDRESS	112 COVE RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISSON, NOEL		4.2 NAME				
STREET ADDRESS	200 COVE RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGA, ROBERT		5.2 NAME				
STREET ADDRESS	148 COVE RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 964-2439

CR2E037 (11/98)