

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000389

1. Entity Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 046 ****61.25

Principal Place of Business

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

Mailing Address

~~CUSTOM PROPERTY MANAGEMENT
23285 CONGRESS AVE STE 2A
WEST PALM BEACH FL 33406
US~~

2. Principal Place of Business

3. Mailing Address

CMC MANAGEMENT INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

City & State

2994 JOG RD. GREEN ACRES FL

Zip

Country

Zip

Country

33467

USA

FEI Number

65-0436242

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

CAPLAR, LOUIS
% ST. JOHN DICKER
500 AUSTRALTAN AVE SOUTH STE 600
W. PALM BCH FL 33401

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
VPD
ROBINS, DANIEL
140 COVE RD
W PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KREITMAN, IRWIN
169 COVE RD
W PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SISSON, NOEL
200 COVE RD
W PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
REGA, ROBERT
148 COVE RD
W PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MAST, NORMAN
165 COVE RD
WEST PALM BEACH FL 33413

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 OF NORMAN MAST, TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 357 5776

CR2E037 (10/00)