## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9300000389 1. Entity Name SOUTH COVE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address CUSTOM PROPERTY MANAGEMENT 100 RIVER BRIDGE BLVD SUITE 900 23285 COMBRESS AVE STE 2A

## FILED Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90151 046 \*\*\*\*61.25

US .		WEST PALM BESUT PL 33400							<b>1</b> 14 1 <b>1</b> 5 1 <b>5 1</b>	
2. Principal Place of Business		3. Mailing Address CMC MAPAGEME		NT INC			<b>el</b> in <b>so</b> n <b>s</b>	<b>         </b>	Bill ibli ibbi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	ACE		_	
City & State		7-994 JOG RD. 619		EN ACRI PL	4. FEI Numbe	65-0436242		No	oplied For ot Applicable	
Zip	Country	393467	Country C	.1		of Status Desired	F6	8.75 Add e Require	ditional d	
وينت الدائد عمر العلي	<ul> <li>6. Name and Address of Current F</li> </ul>	Registered Agent			7Name and	Address of New Re	gistered Ag	ent~ -	er i saare een	վ-
•				ame						
		Street Address			P.O. Box Number is Not Acceptable)					
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	HN DICKER									
	TRALTAN AVE SOUTH STE 600	Oit :						Zip Còd		4
W. Palm	BCH FL 33401	City					FL	Zip Çou	е	
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.										
o. The above	That red entity submits this statement for	the purpose of shariging have	ogiotoroa o	oo or rogioto	roa agom, or oor	.,				
SIGNATURE										
OIGHWATOTIE :	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Age	nt signature required	d when reinstating)		DATE			
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10.	OFFICERS AND DIRI	CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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NAME	REGA, ROBERT		1	DULCC						
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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 his report or supplemental report is true add 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 hustee 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:

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