

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90110 006 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000000389 1. Entity Name SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 100 RIVER BRIDGE BLVD SUITE 900 W PALM BCH, FL 33413 US			Mailing Address CMC MANAGEMENT INC SUITE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. 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 CAPLAR, LOUIS % SACHS, SAX & KLIEN, PA 301 YAMATO RD STE 4180 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name SCOT GARRISH / C/O CMC Management Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Road, Suite B City GREENACRES FL Zip Code 33467		
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 Scott A. Garrish Manager April 1, 2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)					
FILE NOW FEE IS \$61.25		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 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 SUSAN, GEARHART 129 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				
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: Noel Sisson 3/24/03 561-9612459 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10057594



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (1/0/02)