NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90054 047 \*\*\*\*61.25

DOCUMENT #	N95000005007
DOGUNEN #	NSOUUUUUUU

1. Corporation Name

HARBOUR COVE @ LACUNA HOMEOWNERS ASSOCIATION, IN

Pri	ncipal Place of Business
CM	D MANAGEMENT
308	2 JOG RD
LAI	KE WORTH FL 33467
US	

Mailing Address CMD MANAGEMENT 3082 JOG RD LAKE WORHT FL 33467

	BONN EBIN BEN	<b>!                                    </b>	

2a. Mailing Address	3. Date Incorporated or Qualifed			
26	<b>—10/23/1995</b>			
Suite, Apt. #, etc.	4. FEI Number Applied For			
27	NOT APPLICABLE Not Applicable			
City & State	5. Certificate of Status Desired Fee Required			
Zip Cou	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	10. Name and Address of New Registered Agent			
ti Cogistaroa Again	ame			
	82 Street Address (P.O. Box Number is Not Acceptable)			
	3			
	FL 85 Zip Code			
	26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 at Registered Agent 81 N			

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, and accept the obligations of Section 617.0503. Florida Statutes.

agent. rai	Il lattiliai with, and accept the obligations of, Section of	17.0000, 1 101100	· Clatatoo.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when (einstating) DATE		\			
12.	Signature, typed or printed harrie of registered against and tree in application.								
TITLE	PDS	DELETE	1.1 TITLE		☐ Change	☐ Addition			
NAME	COLLINS, WALTER		1.2 NAME			ļ			
STREET ADDRESS	9000 FOREST RIDGE CR		1.3 STREET ADDRESS		•				
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	CANTRELL, BILL		2.2 NAME	!					
STREET ADDRESS	9000 FOREST RIDGE CR	,	2.3 STREET ADDRESS	The second second		-			
CITY-ST-ZIP.	DAVIE FL 33328		2, 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		Change	☐ Addition			
NAME	OCONNOR, BUD		3.2 NAME		•				
STREET ADDRESS	9000 FOREST RIDGE CR		3.3 STREET ADDRESS						
CITY-ST-ZIP	DAVIE FL 33328	<u> </u>	3.4. CITY+ST+ZIP						
TITLE		DELETE	4,1 TITLE		Change	Addition ,			
NAME {			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<del>.</del>				
TITLE		DELETE	5.1 TITLE	•	☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREET ADDRESS	•					
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		·				
TITLE	74	DELETE	6,1 TITLE	· · ·	☐ Change	☐ 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 on an attachment with an address, with all other like empowered.

SIGNUTURELELEQUIRED

954-463-0681