

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90072 001 \*\*\*\*70.00

**DOCUMENT # 731788**

1. Entity Name

**THE COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2784 S OCEAN BLVD.  
 PALM BEACH FL 33480  
 US

2784 S OCEAN BLVD.  
 PALM BEACH FL 33480  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1566808**

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

**ABRAMS, MARTIN B**  
**2784 S. OCEAN BLVD.**  
**APT. 105-N**  
**PALM BEACH FL 33480**

Name **MARTIN B. ABRAMS**  
 Street Address (P.O. Box Number is Not Acceptable) **SAME**  
 City **SAME** **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 ☐ Delete  
 NAME **BROWN, ROBERT**  
 STREET ADDRESS **2784 S OCEAN BLVD 208 N**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **GERALD FRANK APT 1015**  
 CITY-ST-ZIP **2784 S OCEAN BLVD PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME **VP SHEIN**  
 STREET ADDRESS **JEFF**  
 CITY-ST-ZIP **2784 S OCEAN BLVD 201 S PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **EDMUND MULCAHY**  
 CITY-ST-ZIP **2784 S OCEAN BLVD APT 105N PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SCHWARTZ, LESLIE**  
 CITY-ST-ZIP **2784 S. OCEAN BLVD. 202-S PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **ABNER GUTIER**  
 CITY-ST-ZIP **2784 S OCEAN BLVD APT 303N PALM BEACH FL 33480**

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **REICH, GERTRUDE**  
 CITY-ST-ZIP **2784 S OCEAN BLVD #501N PALM BEACH FL**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **MABEL DASKAKIS**  
 CITY-ST-ZIP **2784 S OCEAN BLVD APT 406N PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NICOLAIDES, MARK**  
 CITY-ST-ZIP **2784 S OCEAN BLVD #404S PALM BEACH FL 33480**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KANTROWITZ, DEBBIE**  
 CITY-ST-ZIP **2784 S. OCEAN BLVD 507N PALM BCH FL 33480**

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

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: [Signature] PRESIDENT 02/11/02 861 5856060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)