

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731788

FILED  
Feb 27, 2006  
Secretary of State

**Entity Name:** THE COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2784 S OCEAN BLVD.  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

2784 S OCEAN BLVD.  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 59-1566808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROWN, ROBERT  
Address: 2784 S OCEAN BLVD 208 N  
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete  
Name: EDMUND, MULCALY  
Address: 2789 S. OCEAN BLVD APT405N  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: ABNER, GOCIEB  
Address: 2784 S. OCEAN BLVD APT 383N  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: SCHWARTZ, LESLIE  
Address: 2784 S OCEAN BLVD 2025  
City-St-Zip: PALM BEACH, FL 33480

Title: P ( ) Delete  
Name: GERALD, FRANK  
Address: 2784 S. OCEAN BLVD APT 4015  
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Delete  
Name: MCDONNELL, SHEILA  
Address: 2184 S. OCEAN BLVD., APT 206N  
City-St-Zip: PALM BCH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: MABEL, DASKALAKIS  
Address: 2784 S OCEAN BLVD 208 N  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ABRAMS

MGR

02/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date