


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90046 041 \*\*\*\*61.25

0032377

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733222**

1. Corporation Name  
**THE COVE COMMUNITY ASSOCIATION, INC.**

93783 · 90046 · 41

Principal Place of Business 12394 SW 82 AVE MIAMI FL 33156 US	Mailing Address 12394 SW 82 AVE MIAMI FL 33156 US
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2. Principal Place of Business 21	2a. Mailing Address 28 P.O. Box 56582D	3. Date Incorporated or Qualified 06/23/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1602965
City & State 23	City & State 28 MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  SCOTT, F. JOSEPH THE FOSTER CO. 12394 SW 82 AVE MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARUTT, JORDAN	1.2 NAME	
STREET ADDRESS	21121 SW 85 AVENUE #107	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, ROBERT	2.2 NAME	
STREET ADDRESS	21121 SW 85 AVE, #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWENSON, COLLETTE	3.2 NAME	VPD GARY BREMEN
STREET ADDRESS	21138 SW 85 AVE. #105	3.3 STREET ADDRESS	21133 SW 85 AVE. # 403
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASI, PETER	4.2 NAME	ROBIN HODGE
STREET ADDRESS	21133 SW 85 AVE #401	4.3 STREET ADDRESS	21121 SW 85 AVE. # 106
CITY-ST-ZIP	MIAMI FL 33189	4.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	DD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBHARDT, LAWRENCE	5.2 NAME	
STREET ADDRESS	21121 SW 85 AVENUE 409	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_ DATE: 1/7/99 DAYTIME PHONE: 305-254-7222

CR2E037 (11/98)