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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:18

DOCUMENT # **754183** **(2)**

1. Corporation Name

NORTH COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5710 S DIXIE HWY STE A WEST PALM BCH FL 33405-3607 US	C/O TOUCHSTONE WEBB MGMT 5710 S DIXIE HWY. STE A WEST PALM BEACH FL 33405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1980
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2255642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALATA, KATHLEEN 5710 S DIXIE HWY STE B W PALM BEACH FL 33405	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kathy Webb Salata — DATE: 3-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	CANAVAN, PAUL	12 NAME	
STREET ADDRESS	320 SOUTHWIND CT	13 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARTZEL, BYNARD	22 NAME	
STREET ADDRESS	711 W. ILEX DRIVE	23 STREET ADDRESS	
CITY ST ZIP	LAKE PARK FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	INSERRA, JOYCE	32 NAME	
STREET ADDRESS	316 SOUTHWIND CT. #105	33 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	OGLETREE, BARBARA	42 NAME	
STREET ADDRESS	320 SOUTHWIND COURT #112	43 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH. FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	DOROTHY TERRY,	52 NAME	
STREET ADDRESS	316 SOUTHWIND COURT, UNIT 106	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dorothy Terry Rec — 3/22/95 — (407)547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #