

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/15/1980

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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 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

Kathleen Salata

(NOTE: Registered Agent signature required when reinstating)

2/20/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **CANAVAN, PAUL**
STREET ADDRESS **320 SOUTHWIND CT**
CITY-ST-ZIP **N. PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HARTZEL, BYNARD**
STREET ADDRESS **711 W. ILEX DRIVE**
CITY-ST-ZIP **LAKE PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **INSERRA, JOYCE**
STREET ADDRESS **316 SOUTHWIND CT. #105**
CITY-ST-ZIP **N PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **OGLETREE, BARBARA**
STREET ADDRESS **320 SOUTHWIND COURT #112**
CITY-ST-ZIP **N. PALM BCH. FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **DOROTHY TERRY,**
STREET ADDRESS **316 SOUTHWIND COURT, UNIT 106**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

(407) 547-4001

Daytime Phone

CR2E037 (12/95)