FILE NOW: FILING FEE IS \$61.25



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COF ANNU	NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 10 1997 8:00an Secretary of State		
DOCUMENT # 754183 (2) NORTH COVE CONDOMINIUM ASSOCIATION, INC.							
Principal Place 6710 S DIXIE H STE A WEST PALM BO US		C/O 5710	ing Address Touchstone Webb S Dixie Hwy, Ste A T Palm Beach FL 33		3. Date Incorporated or Qualified 09/15/1980	3a. Date of Last R	teport
21	lace of Business	26	Mailing Address		4. FEI Number 59-2255642		96 oplied For ot Applicab
Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc.		Certificate of Status Desired Election Campaign Financing	Fee Re	Additional equired May Be
23 Zip 24	Country 25	28	Z ip	Country	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes	Added	to Fees
SIGNATURE	to the provisions of Sectice egistered agent, or both, m familiar with, and a constitution of the constitu	tlean o	Salak	es, the above-named con authorized by the corpora prida Statutes.	rporation submits this statement for the pation's board of directors. I hereby acception	urpose of changing it the appointment as	is registere registered
12.	OFF	ICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE NAME STREET ADDRESS	SD CANAVAN, PAUL 320 SOUTHWIND C	T	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change	Addit
CITY-ST-ZIP TITLE NAME STREET ADDRESS	N. PALM BEACH FL D HARTZEL, BYNARD 711 W. ILEX DRIVE LAKE PARK FL		☐ DELETE	1.4 CITY - SI - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addit
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INSERRA, JOYCE 316 SOUTHWIND C N PALM BEACH FL	T. #105	☐ DELETE	2. 4 CITY-S1-2IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		Change	☐ Addi
TITLE NAME STREET ADDRESS DITY-ST-ZIP	VPD OGLETREE, BARBA 320 SOUTHWIND C N. PALM BCH. FL] DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change	☐ Addil
NAME STREET ADDRESS CITY-ST-ZIP	PD DOROTHY TERRY, 316 SOUTHWIND C NORTH PALM BEAC		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change .	☐ Addii
TITLE NAME STREET ADDRESS OTTY-ST-ZIP			☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		Change	Additi

14. I do 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attempt with an address.