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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SALATA, KATHLEEN
5710 S DIXIE HWY STE B
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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 2/25/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANAVAN, PAUL		1.2 NAME		
STREET ADDRESS	320 SOUTHWIND CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTZEL, BYNARD		2.2 NAME		
STREET ADDRESS	711 W. ILEX DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	INSERRA, JOYCE		3.2 NAME		
STREET ADDRESS	316 SOUTHWIND CT. #105		3.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OGLETREE, BARBARA		4.2 NAME		
STREET ADDRESS	320 SOUTHWIND COURT #112		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOROTHY TERRY,		5.2 NAME		
STREET ADDRESS	316 SOUTHWIND COURT, UNIT 106		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Barbara Ogletree VP March 4, 1998