2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/23/2004-90001-015-$61.25-$61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 18 AM 12:10

DOCUMENT # 754183

1. Entity Name
NORTH COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NORTH COVE CONDOMINIUM ~~320 SOUTHWOOD CT #2~~ NORTH PALM BEACH, FL 33408 US	NORTH COVE CONDOMINIUM ~~320 SOUTHWOOD CT BOX #2~~ NORTH PALM BEACH, FL 33408 US

64000100

07092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
North Cove Condominium	
Suite, Apt. #, etc.: 320 Southwind Ct #2	Suite, Apt. #, etc.: 320 Southwind Ct #2
City & State: North Palm Beach, Fl.	City & State
Zip: 33408 Country: USA	Zip Country

4. FEI Number: 59-2255642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, ANN M ~~316 SOUTHWOOD CT~~ 316 Southwind Ct. #104 NORTH PALM BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ann M. Kelly
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD TIEDMAN, LINDA 3403 HIDDEN LANE REX, GA 30273	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerald Boldue & 20940 5th Ave West Cudjoe Key, Fl. 33042	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SD, TD INSERRA, JOYCE 316 SOUTHWIND CT. #105 N PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD OGLETREE, BARBARA 320 SOUTHWIND COURT #112 N. PALM BCH., FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLY, ANN M 316 SOUTHWOOD CT #104 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIELDS, WILLIAM NORTH COVE CONDOMINIUM NORTH PALM BEACH, FL 33408	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Williams 12856 Arrowwood Drive PBG, Fl. 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann M. Kelly (Ann M. Kelly - President) 9/14/2004
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

561-840-3680
561-422-7749

Ms. Ann Kelly

Please note:

We were hit by Hurricane Jean — many had to evacuate & this may not reach you by 30 day limit. Please advise on how to proceed.

Thank you

Ann Kelly

President