

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01565 (3)**

1. Corporation Name  
**THE COVES AT PARKWALK CONDOMINIUM ASSOCIATION, I NC.**



Principal Place of Business <b>C/O CMD MANAGEMENT INC. 3082 JOG RD. LAKE WORTH FL 33467 US</b>	Mailing Address <b>C/O CMD MANAGEMENT INC. 3082 JOG RD. LAKE WORTH FL 33467-2053 US</b>
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3. Date Incorporated or Qualified <b>02/21/1984</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>59-2641942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROSENTHAL, DAVID C  
C/O MANAGEMENT INC.  
3082 JOG RD.  
LAKE WORTH FL 33467**

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 *David C. Rosenthal* DATE **1/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, STANLEY</b>	
STREET ADDRESS	<b>5949 PARKWALK DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>KAMEN, MURRAY</b>	
STREET ADDRESS	<b>6013 PARKWALK DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SHOGOL, MILLY</b>	
STREET ADDRESS	<b>6077 PARKWALK DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MC NAMEE, BILL</b>	
STREET ADDRESS	<b>5969 PARKWALK DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KATZ, CHARLOTTE</b>	
STREET ADDRESS	<b>5841 PARKWALK DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>3/1/97</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* DATE: **3/1/97** 561 364-1535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day n° Phone # 0044078

CR2E037 (9/96)