


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90074 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N01565</b> 1. Corporation Name <b>COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business C/O CMD MANAGEMENT INC. 3082 JOG RD. LAKE WORTH FL 33467 US	Mailing Address C/O CMD MANAGEMENT INC. 3082 JOG RD. LAKE WORTH FL 33467 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2641942
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENTHAL, DAVID C C/O MANAGEMENT INC. 3082 JOG RD. LAKE WORTH FL 33467	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARINI, VINCENT		1.2 NAME BOB WARREN	
STREET ADDRESS 5853 PARKWALK DR		1.3 STREET ADDRESS 5873 PARKWALK DRING	
CITY-ST-ZIP BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAMEN, MURRAY		2.2 NAME JOSEPH TOBACK	
STREET ADDRESS 6013 PARKWALK DR.		2.3 STREET ADDRESS 5807 PARKWALK DR	
CITY-ST-ZIP BOYNTON BEACH FL		2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHOGOL, MILLY		3.2 NAME	
STREET ADDRESS 6077 PARKWALK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE BILL MCNAMEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MC NAMEE, BILL		4.2 NAME	
STREET ADDRESS 5969 PARKWALK DR		4.3 STREET ADDRESS 5469 PARKWALK DR	
CITY-ST-ZIP BOYNTON BEACH FL		4.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATZ, CHARLOTTE		5.2 NAME DORIS BAUMANN	
STREET ADDRESS 5841 PARKWALK DR.		5.3 STREET ADDRESS 6003 PARKWALK DR	
CITY-ST-ZIP BOYNTON BEACH FL		5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRASNEY, HY		6.2 NAME	
STREET ADDRESS 5957 PARKWALK DR		6.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SILVANCEURIE MARINID Vincent E. Marini 4/6/99 736 3906  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)