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Apr 15, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N01565 1. Corporation Name COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.		
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"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	5469 PARKWALK DR		
STREET ADDRESS	5969 PARKWALK DR			4.3 STREET ADDRESS	BOYNTON BEACH, FL 33437		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP			
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: SILVANCEUR MARINID Vincent E. Marini 4/6/99 736 3906
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0046280

CR2E037 (11/98)