

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N01565**

1. Entity Name

**COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90005 040 \*\*\*\*61.25

Principal Place of Business <del>C/O CMD MANAGEMENT INC.</del> 3082 JOG RD. LAKE WORTH FL 33467 US	Mailing Address <del>C/O CMD MANAGEMENT INC.</del> 3082 JOG RD. LAKE WORTH FL 33467-2053 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>40 PHOENIX MGMT SERVICES INC</b> Suite, Apt. #, etc. <b>3082 JOG RD.</b> City & State <b>LAKE WORTH, FL</b> Zip <b>33467</b> Country <b>PALM BEACH</b>	3. Mailing Address <b>40 PHOENIX MGMT SERVICES, INC</b> Suite, Apt. #, etc. <b>3082 JOG RD.</b> City & State <b>LAKE WORTH, FL</b> Zip <b>33467</b> Country <b>Palm Beach</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</b> Additional Fee Required

6. Name and Address of Current Registered Agent <del>ROSENTHAL, DAVID G</del> <del>C/O MANAGEMENT INC.</del> 3082 JOG RD. LAKE WORTH FL 33467	7. Name and Address of New Registered Agent Name <b>40 PHOENIX MGMT SERVICES INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3082 JOG Rd</b> City <b>LAKE WORTH</b> FL Zip Code <b>33467</b>
---	---

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.

SIGNATURE GABE HERNANDEZ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARINI, VINCENT 5853 PARKWALK DR BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARREN, BOB 5373 PARKWALK DRIVE BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SHOGOL, MILLY 6077 PARKWALK DRIVE BOYNTON BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MC NAMEE, BILL 5969 PARKWALK DR BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOBACK, JOSEPH 5807 PARKWALK DR BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KRASNEY, HY 5957 PARKWALK DR BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF KRASNEY KRASNEY 4/22/2000 561-734-9029  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #