

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90063 015 ****61.25

DOCUMENT # **101565**
1. Entity Name
COVES AT ABERDEEN CONDOMINIUM ASSN, INC

DO NOT WRITE IN THIS SPACE

30670

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
C/O GRS Management Assoc Inc
Suite, Apt. #, etc.
3900 Woodlake Blvd STE 201
City & State
LAKES WORTH FL
Zip Country
33463 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2641942

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ST JOHN, KRIVOK**
Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave South STE 600
City **WEST PALM BCH** FL Zip Code **33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAREEN, BOB 5373 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRASNEY, HY 5957 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOK, MORGAN 5871 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MC NAMEE, Bill 7969 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBACK, Joseph 5807 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMANN, MARTIN 6003 Parkwalk Dr. Boynton Bch FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William McNamee (TD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (861) 364-4642
Date Daytime Phone #