


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90020 011 \*\*\*\*61.25

**DOCUMENT # N01565**

1. Entity Name  
**COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O GRS MANAGEMENT ASSOCIATION, INC.  
 3900 WOODLAKE BLVD, STE 309  
 LAKE WORTH, FL 33463 US**

Mailing Address  
**C/O GRS MANAGEMENT ASSOCIATION, INC.  
 3900 WOODLAKE BLVD, STE 309  
 LAKE WORTH, FL 33463 US**

**50007758**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

01172006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2641942**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**ST JOHN, KIRVOK  
 500 AUSTRALIAN AVENUE SOUTH  
 STE 600  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete HOCHMAN, RALPH 6029 PARKWALK DR BOYNTON BEACH, FL 33437	TITLE <del>SD</del> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARY CHUZI</b> 5447 PARKWALK DR. BOYNTON BEACH FL 33437
TITLE VPD	<input type="checkbox"/> Delete WARREN, BOB 5373 PARKWALK DRIVE BOYNTON BEACH, FL 33437	TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> Delete ROMANO, ROSE 6077 PARKWALK DR. BOYNTON BEACH, FL 33437	TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MC NAMEE, BILL	<input type="checkbox"/> Delete 5969 PARKWALK DR BOYNTON BEACH, FL 33437	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete TOBACK, JOSEPH 5807 PARKWALK DR BOYNTON BEACH, FL 33437	TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	<input checked="" type="checkbox"/> Delete KRASNEY, HY 5957 PARKWALK DR BOYNTON BEACH, FL 33437	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Reed Stedman* **3/27/06** **561-737-1132**  
SIGNATURE (OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #