

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 012 ****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

40038015



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

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

01042007 Chg-NP CR2E037 (12/06)

City & State
Zip Country

4. FEI Number
59-2641942

Applied For
 Not Applicable

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, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOCHMAN, RALPH	
STREET ADDRESS	6029 PARKWALK DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WARREN, BOB	
STREET ADDRESS	5373 PARKWALK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROMANO, ROSE	
STREET ADDRESS	6077 PARKWALK DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNAMEE, BILL	
STREET ADDRESS	5969 PARKWALK DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOBACK, JOSEPH	
STREET ADDRESS	5807 PARKWALK DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUZI, MARY	
STREET ADDRESS	5957 PARKWALK DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Rose Romano 3/17/07 56142-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #