



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 049 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		50001902  01222008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2641942	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ST JOHN, KIRVOK 500 AUSTRALIAN AVENUE SOUTH STE 600 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent	
				Name <i>Brough Chadron + Levine P.A.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>1906 N. Commerce Pkwy</i>	
				City <i>Weston</i> FL Zip Code <i>33326</i>	
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: <i>Scott J. Levine, Esq. for Brough Chadron & Levine, P.A. 3/18/08</i>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHMAN, RALPH			NAME	<i>D RICHARD LIEBERT</i>
STREET ADDRESS	6029 PARKWALK DR			STREET ADDRESS	<i>6067 PARKWALK DR.</i>
CITY-ST-ZIP	BOYNTON BEACH, FL 33407 72			CITY-ST-ZIP	<i>BOYNTON BEACH, FL 33472</i>
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, BOB			NAME	
STREET ADDRESS	5373 PARKWALK DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33487 72			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, ROSE			NAME	
STREET ADDRESS	6077 PARKWALK DR.			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33407 72			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMEE, BILL			NAME	
STREET ADDRESS	5969 PARKWALK DR			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33427 72			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBACK, JOSEPH			NAME	
STREET ADDRESS	5807 PARKWALK DR			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33407 72			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUZI, MARY			NAME	
STREET ADDRESS	5957 PARKWALK DR			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33407 72			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: <i>William Hutton</i>				Date: <i>3/13/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	