


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-23-2006 90007 001 ****61.25

| | | | | | |
|--|----------------------------|---|--|---|-----------------------------------|
| DOCUMENT # N05000010536 | | | |  | |
| 1. Entity Name THE COVE AT ISLES AT BAYSHORE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 730 NW 107 AVE., 4TH FLOOR MIAMI, FL 33172 | | | Mailing Address 730 NW 107 AVE., 4TH FLOOR MIAMI, FL 33172 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-365717 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. 200 S. BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HENDERSON, MERCEDES | | NAME | | |
| STREET ADDRESS | 730 NW 107 AVE., 4TH FLOOR | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33172 | | CITY - ST - ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCPHERSON, GREG | | NAME | | |
| STREET ADDRESS | 730 NW 107 AVE., 4TH FLOOR | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33172 | | CITY - ST - ZIP | | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AVILA, MIGUEL | | NAME | | |
| STREET ADDRESS | 730 NW 107 AVE., 4TH FLOOR | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33172 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <u>Mercedes Henderson</u> 2-15-06 (305) 559 1951 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

66004620



01092008 Chg-NP CR2E037 (11/05)



ATTACHMENT

66004620

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

THE COVE AT ISLES AT BAYSHORE HOMEOWNERS ASSOCIATION, I
730 NW 107 AVE., 4TH FLOOR
MIAMI, FL 33172

Subject: THE COVE AT ISLES AT BAYSHORE HOMEOWNERS ASSOCIATION,

Reference Number: N05000010536

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040. — Completed 3/7/06 J.H.H.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION