


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

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90038 002 \*\*\*\*70.00

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 - No P.O. Box # 13055 SW 42 St.		3. Mailing Address 13055 SW 42 St	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country	Zip 33175	Country
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. 200 S. BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131		4. FEI Number 20-3665717	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		01092007 Chg-NP CR2E037 (12/06)	
Name Brough, Chadrow & Levine, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1900 N. Commerce Pkwy.			
City Weston		Zip Code FL 33326	
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, Chadrow &amp; Levine, P.A.</i> <small>Signature, by hand, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE: 1/22/07			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, MERCEDES 730 NW 107 AVE., 4TH FLOOR MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHERSON, GREG 730 NW 107 AVE., 4TH FLOOR MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Sierra, Sylvia 730 NW 107 Ave, 4th Floor Miami FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AVILA, MIGUEL 730 NW 107 AVE., 4TH FLOOR MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Mercedes Henderson</i>		Date: 02/05/07	Daytime Phone #: 305-552-7855
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	