

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 026 ****61.25



DOCUMENT # N35287

1. Entity Name

PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**2115 SE OCEAN BLVD
STUART FL 34996
US**

Mailing Address

**2115 SE OCEAN BLVD
STUART FL 34996
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0161146

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

7. Name and Address of New Registered Agent

**MALONE, JOSEPH D
6085 FOUNTAIN PALM DR
JUPITER FL 33458**

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

**FILE NOW: 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

TITLE **VICE PRESIDENT** Delete
NAME **HOWARD, STEPHEN**
STREET ADDRESS **18621 LAKESIDE GARDENS DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **TD** Delete
NAME **LEIBOVICH, STEVEN**
STREET ADDRESS **18585 LAKESIDE GARDENS DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** Delete
NAME **QUINN, ROBERT**
STREET ADDRESS **6025 FOUNTAIN PALM DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **PD** Delete
NAME **MALONE, JOSEPH**
STREET ADDRESS **6085 FOUNTAIN PALM DR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **SD DIRECTOR** Delete
NAME **BRAGG, ROBERT**
STREET ADDRESS **6072 FOUNTAIN PALM DR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** Delete
NAME **WILCOX, ANNE K**
STREET ADDRESS **18633 LAKESIDE GARDEN DR**
CITY-ST-ZIP **JUPITER FL 33458**

11. ~~SECRETARY~~ CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** Change Addition
NAME **ALLAN TIBURZI**
STREET ADDRESS **18549 LAKESIDE GARDENS DR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **DIRECTOR** Change Addition
NAME **FRED LOCKE**
STREET ADDRESS **6041 FOUNTAIN PALM DR.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #