


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 048 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40090000



02082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0161146

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required -**

6. Name and Address of Current Registered Agent

**LEIBOVICH, STEVE
 18585 LAKESIDE GARDENS DR
 JUPITER, FL 33458**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

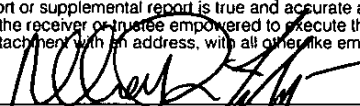
Filing Fee is \$61.25 Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, STEPHEN		NAME	QUINN, BOB	
STREET ADDRESS	18621 LAKESIDE GARDENS DRIVE		STREET ADDRESS	6025 FOUNTAIN PALM DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER FL 33458	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOVICH, STEVEN		NAME	LEIBOVICH, STEVEN	
STREET ADDRESS	18585 LAKESIDE GARDENS DRIVE		STREET ADDRESS	18585 LAKESIDE GARDENS DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBURZI, ALLAN		NAME	TIBURZI, ALLAN	
STREET ADDRESS	18549 LAKESIDE GARDENS DR		STREET ADDRESS	18549 LAKESIDE GARDENS DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKE, FRED		NAME	LEE, KEN	
STREET ADDRESS	6041 FOUNTAIN PALM DR		STREET ADDRESS	6036 FOUNTAIN PALM DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYER, DAVID		NAME	DREYER, DAVID	
STREET ADDRESS	18610 LAKESIDE GARDENS DR		STREET ADDRESS	18610 LAKESIDE GARDENS DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBURRI, ALLAN		NAME		
STREET ADDRESS	18549 LAKESIDE GARDENS		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		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:  **2/20/08** **561-744-08**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #