

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90397 020 \*\*\*\*61.25

<b>DOCUMENT # N93000000389</b>					
<b>1. Entity Name</b> SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 100 RIVER BRIDGE BLVD SUITE 900 W PALM BCH, FL 33413 US			<b>Mailing Address</b> CMC MANAGEMENT INC SUITE B LAKE WORTH, FL 33467 US		
<b>2. Principal Place of Business</b> 2994 Jog Rd Suite, Apt. #, etc. Suite B		<b>3. Mailing Address</b> CMC Management Inc Suite, Apt. #, etc. 2994 Jog Road, Suite B			
<b>City &amp; State</b> Greenacres, FL		<b>City &amp; State</b> Greenacres, FL		<b>4. FEI Number</b> 65-0436242	
<b>Zip</b> 33467		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04172006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  GERRISH, SCOTT 2994 JOG RD., SUITE B LAKE WORTH, FL 33467			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TD <b>NAME</b> BERTAZON, BENJAMIN <b>STREET ADDRESS</b> 105 COVE RD <b>CITY-ST-ZIP</b> W PALM BCH, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> NAME <b>STREET ADDRESS</b> STREET ADDRESS <b>CITY-ST-ZIP</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> KREITMAN, IRWIN <b>STREET ADDRESS</b> 169 COVE RD <b>CITY-ST-ZIP</b> W PALM BCH, FL	<input type="checkbox"/> Delete		D Kreitman, Irwin 169 Cove Road West Palm Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> SISSON, NOEL <b>STREET ADDRESS</b> 200 COVE RD <b>CITY-ST-ZIP</b> W PALM BCH, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> NAME <b>STREET ADDRESS</b> STREET ADDRESS <b>CITY-ST-ZIP</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SIMMONDS, EMA <b>STREET ADDRESS</b> 176 COVE RD <b>CITY-ST-ZIP</b> W PALM BCH, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> NAME <b>STREET ADDRESS</b> STREET ADDRESS <b>CITY-ST-ZIP</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PV <b>NAME</b> BENNEL, JOAN <b>STREET ADDRESS</b> 189 COVE RD <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL	<input type="checkbox"/> Delete		VPO Bennett Joan 189 Cove Rd West Palm Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Noel Sisson</i>			President 4-19-06 561 964-2039		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		