


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000004630		
1. Corporation Name C/HP COVE, INC.		
Principal Place of Business CLIPPER COVE APARTMENTS 1500 SOUTHERN CROSS LANE BOYNTON BEACH FL 33435	Mailing Address 10227 WINCOPIN CIRCLE SUITE #800 COLUMBIA MD 21044	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/29/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	52-1949584
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP + T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMONDSON, JAMES A	1.2 NAME	Ghebra Selassie mehrteab
STREET ADDRESS	1350 BEVERLY ROAD, SUITE 200	1.3 STREET ADDRESS	1090 Vermont Ave., N.W. Suite 400
CITY-ST-ZIP	MCLEAN VA 22102-3634	1.4 CITY-ST-ZIP	Washington DC 20005
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, JOHN	2.2 NAME	
STREET ADDRESS	319 CLEMATIS STREET, SUITE 409	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SISSMAN, MARK K	3.2 NAME	John G. Hoffer, III
STREET ADDRESS	10227 WINCOPIN CIRCLE	3.3 STREET ADDRESS	1090 Vermont Ave., N.W. Suite 400
CITY-ST-ZIP	COLUMBIA MD 21044	3.4 CITY-ST-ZIP	Washington, DC 20005
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Dv, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERG, JEFFREY	4.2 NAME	Joseph P. Wiedorfer, Jr.
STREET ADDRESS	10227 WINCOPIN CIRCLE	4.3 STREET ADDRESS	1090 Vermont Ave., N.W. Suite 400
CITY-ST-ZIP	COLUMBIA MD 21044	4.4 CITY-ST-ZIP	Washington, DC 20005
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, DIANA	5.2 NAME	
STREET ADDRESS	10227 WINCOPIN CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-99 202-789-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)