


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 031 ****61.25

DOCUMENT # N95000004630					
1. Entity Name C/HP COVE, INC.					
Principal Place of Business 1500 SOUTHERN CROSS LANE BOYNTON BEACH, FL 33435 US			Mailing Address 1090 VERMONT AVENUE, N.W. SUITE 400 WASHINGTON, DC 20005 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1949584	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	DPT	<input type="checkbox"/> Delete	TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHRETAB, GHEBRE S		NAME	Ghebre S. Mehreteab	
STREET ADDRESS	1090 VERMONT AVENUE., N.W. SUTIE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	Vice President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBETT, JOHN		NAME	Richard A. Gollub	
STREET ADDRESS	319 CLÉMATIS STREET, SUITE 409		STREET ADDRESS	1090 Vermont Avenue NW, Suite 400	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Washington, DC 20005	
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFER, JOHN G II		NAME		
STREET ADDRESS	1090 VERMONT AVE., N.W., SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDORFER, JOSEPH P		NAME		
STREET ADDRESS	1090 VERMONT AVE., N.W., SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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>Richard A. Gollub</i>		Richard A. Gollub		7-7-04 202-789-5300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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