


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004630 1. Entity Name C/HP COVE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-1949584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301
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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, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEHRETAB, GHEBRE S 1090 VERMONT AVENUE., N.W. SUTIE 400 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORBETT, JOHN 319 CLEMATIS STREET, SUITE 409 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOLLUB, RICHARD A 1090 VERMONT AVE., N.W., SUITE 400 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WIEDORFER, JOSEPH P 1090 VERMONT AVE., N.W., SUITE 400 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000588435
01/17/07-80072-014 61.25

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: <u>Joseph P. Wiedorfer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JOSEPH P. WIEDORFER	1/12/2007	202 789 5300
		Date	Daytime Phone #