

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002056 (6)**
1. Corporation Name

COVE TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108	Mailing Address 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108
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2. Principal Place of Business 21 24301 Walden Center Drive Suite, Apt. #, etc. 22 Suite 300 City & State 23 Bonita Springs, FL Zip 24 34134	2a. Mailing Address 26 24301 Walden Center Drive Suite, Apt. #, etc. 27 Suite 300 City & State 28 Bonita Springs, FL Zip 29 34134 Country 30 USA
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3. Date Incorporated or Qualified 04/10/1997
4. FEI Number 59-3478199
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HASTINGS, VIVEN N 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108	10. Name and Address of New Registered Agent 81 Name Vivien N. Hastings 82 Street Address (P.O. Box Number Is Not Acceptable) 24301 Walden Center Drive 83 Suite 300 84 City Bonita Springs FL 85 Zip Code 34134
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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 *Melanie M. Hamrod* **3/18/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE PAGE, GEORGE R 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> DELETE DALY, MICHAEL R 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DV Paul B. Drummond 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> DELETE HIMROD, MELANIE M 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Melanie M. Hamrod* **3/18/98** (941) 947-2600

CP2E037 (10/97)