

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2004
Secretary of State**

DOCUMENT# N97000002056

Entity Name: COVE TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6700 LANE OAK BLVD.
NAPLES, FL 34104 US

New Principal Place of Business:

425 COVE TOWER DRIVE
NAPLES, FL 34110 US

Current Mailing Address:

6700 LANE OAK BLVD.
NAPLES, FL 34104 US

New Mailing Address:

6700 LONE OAK BLVD.
NAPLES, FL 34104 US

FEI Number: 59-3478199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDTR () Delete
Name: DAVIS, JOHN
Address: 420 COVE TOWER DR., #1103
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: CASEY, ALAN
Address: 425 COVE TOWER DR., #601
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: PUPO, RALPH
Address: 425 COVE TOWER DR., #801
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GINDEN, RICHARD
Address: 425 COVE TOWER DR., #403
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ZARELLA, GERRY
Address: 430 COVE TOWER DR., #302
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CECERE, DEBBIE
Address: 430 COVE TOWERS DRIVE #202
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DAVIS

PDTR

05/04/2004

Electronic Signature of Signing Officer or Director

Date