

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002056

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** COVE TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

425 COVE TOWER DRIVE  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD.  
NAPLES, FL 34104 US

**New Mailing Address:**

**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:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

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: BYRON ROSS

04/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAURER, TOM  
Address: 430 COVE TOWERS DR, #603  
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: BASILE, MIKE  
Address: 420 COVE TOWER DR., #402  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: DAVIS, JOHN  
Address: 420 COVE TOWER DR. #401  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BYRON ROSS

MGR

04/25/2007

Electronic Signature of Signing Officer or Director

Date