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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**



DOCUMENT # 184110 (5)
1. Corporation Name
COVE BEACH CLUB, INC.

Principal Place of Business Mailing Address
**500 SOUTH OCEAN WAY 500 SOUTH OCEAN WAY
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified **03/24/1955** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-0794493** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under C. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DOWD, ROBERT J
500 SOUTH OCEAN WAY
APT. 802
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
B1 Name **C. W. Glover**
B2 Street Address (P.O. Box Number is Not Acceptable) **500 S. Ocean Way Apt. 308**
B3
B4 City **Deerfield Beach FL** B5 Zip Code **33441**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *C. W. Glover* DATE **4/21/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DOWD, ROBERT J
STREET ADDRESS	500 SO. OCEAN WAY, APT 802
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	SCILEPPI, VICTOR A.
STREET ADDRESS	500 S. OCEAN WAY, APT. 503
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	PD
NAME	DOHERTY, EDWARD C.
STREET ADDRESS	500 S. OCEAN WAY, VILLA 2
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	SD
NAME	HUMPHREY, DONALD J
STREET ADDRESS	500 SO OCEAN WAY, APT 802
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	HOPFER, HEINZ
STREET ADDRESS	500 S. OCEAN WAY, APT. 412
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. W. Glover
1.3 STREET ADDRESS	500 S. Ocean Way Apt. 308
1.4 CITY - ST - ZIP	Deerfield Bch., Fl. 33441
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tom DeNoia, Jr.
2.3 STREET ADDRESS	3297 Churchill Dr.
2.4 CITY - ST - ZIP	Toms River, N.J. 08753
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Edward C. Doherty
3.3 STREET ADDRESS	500 S. Ocean Way Villa 2
3.4 CITY - ST - ZIP	Deerfield Beach, Fl. 33441
4.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. W. Glover* DATE **4/21/95** (305) 428-7765
Signature and typed or printed name of signing officer or director