2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000000923



COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.											
425 COVE TOWER DR 2430 NAPLES, FL 34110 SUITE			2430 Suite	ng Address 801 WALDEN CENTER DRIVE TE 300 NITA SPRINGS, FL 34134							
2. Principal Place of Business 3. Mail			3. Maili	ling Address							
Suite, Apt. #, etc. Su			ite, Apt. #, etc.			04062004	Chg-NP	CR2E	(10/03)		
City & State Cit			City	y & State			4. FEI Number 65-10252	296		<u> </u>	pplied For lot Applicable
Zip	ip Country Zip		Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistere	d Agent			7. Name and A	ddress of N	w Registere	d Agent	
HASTINGS 24301 WAI BONITA SI	LDEN CE	NTER DRIVE			Street A	Address (P.O. Box Number	is Not Accep	table)		
					City	City				Zip Co	de
		ty submits this statement for tered agent.	the purpo	ose of changing its re	gistered office o	r register	ed agent, or both,	in the State	of Florida. 1 a	m familiar with	n, and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent ar	nd title if app	icable. (NOTE: F	Registered Agent signs	ture required	I when reinstating)		DAT	E	
	-	ee is \$61.25 May 1, 2004		9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		Florida Der		State
10.	Due by I		ECTORS	Trust Fund Co	-				Florida Der	partment of	State N 10
TITLE	PD PD	OFFICERS AND DIR	ECTORS		ntribution. 11. TITLE		Added to Fees		Florida Der	partment of	State N 10
TITLE NAME	PD JOHANS	May 1, 2004 OFFICERS AND DIR SON, STEFAN O	-	Trust Fund Co	11. TITLE NAME	DP	Added to Fees		Florida Der	DIRECTORS	State N 10
TITLE	PD JOHANS 24301 W	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE	-	Trust Fund Co	ntribution. 11. TITLE	DP John	Added to Fees ADDITIONS/CHAI Hawkins	NGES TO OF	Florida Der	DIRECTORS	State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANS 24301 W	May 1, 2004 OFFICERS AND DIR SON, STEFAN O	-	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John 2430 Boni	Added to Fees ADDITIONS/CHAI	NGES TO OF	Florida Der	DIRECTORS I	N 10
TITLE NAME STREET ADDRESS	PD JOHANS 24301 W BONITA	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134	-	Trust Fund Co	TITLE NAME STREET ADDRESS	DP John 2430 Boni DV	Added to Fees ADDITIONS/CHAI Hawkins Walden La Spring	Center	Florida Der	DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD JOHANS 24301 W. BONITA : VD HAWKIN	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134		Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP John 2430 Boni DV Arth	Added to Fees ADDITIONS/CHAI Hawkins La Walden La Spring	Center	Fiorida Der FICERS AND Drive 34134	DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JOHANS 24301 W BONITA : VD HAWKIN 24301 W	OFFICERS AND DIR OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134 S, JOHN		Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP John 2430 Boni DV Arth	Added to Fees ADDITIONS/CHAI Hawkins Walden La Spring	Center	Fiorida Der FICERS AND Drive 34134	DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD JOHANS 24301 W. BONITA: VD HAWKIN 24301 W. BONITA STD	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134 S, JOHN ALDEN CENTER DRIVE SPRINGS, FL 34134		Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	DP John 2430 Boni DV Arth	Added to Fees ADDITIONS/CHAI Hawkins Lawspring tur Langel	Center	Fiorida Der FICERS AND Drive 34134	DIRECTORS I	N 10 XXAddition XXAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JOHANS 24301 W. BONITA : VD HAWKIN 24301 W. BONITA : STD TIEBOUT	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134 S, JOHN ALDEN CENTER DRIVE SPRINGS, FL 34134		Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	DP John 2430 Boni DV Arth	Added to Fees ADDITIONS/CHAI Hawkins Lawspring tur Langel	Center	Fiorida Der FICERS AND Drive 34134	DIRECTORS I Change	N 10 XXAddition XXAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD JOHANS 24301 W. BONITA : VD HAWKIN 24301 W. BONITA : STD TIEBOUT 24301 W.	OFFICERS AND DIR SON, STEFAN O ALDEN CENTER DRIVE SPRINGS, FL 34134 S, JOHN ALDEN CENTER DRIVE SPRINGS, FL 34134 T-TOURON, MARCIENNI ALDEN CENTER DRIVE		Trust Fund Co	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP John 2430 Boni DV Arth	Added to Fees ADDITIONS/CHAI Hawkins Lawspring tur Langel	Center	Fiorida Der FICERS AND Drive 34134	DIRECTORS I Change	N 10 XXAddition XXAddition
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12. 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 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 a raddeess, with all other like empowered.

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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcienne Tiebout-Touron 04/20/2004 239-498-8605

Daytime Phone #

FILED

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90403 001 ***857.50