


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 184110 1. Entity Name COVE BEACH CLUB, INC.	
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FILED

05 OCT 24 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 500 SOUTH OCEAN WAY ATTEN: NICHOLAS LAROCCA DEERFIELD BEACH, FL 33441	Mailing Address 500 SOUTH OCEAN WAY ATTEN: NICHOLAS LAROCCA DEERFIELD BEACH, FL 33441
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City State	City & State City State
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6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6251 NORTH WEST 6TH WAY FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, JEROME <input type="checkbox"/> Delete 500 SOUTH OCEAN WAY DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vpd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Corso, Edward 500 south Ocean way deerfield beach fl 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, EDWARD <input type="checkbox"/> Delete 500 SOUTH OCEAN WAY DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060898606 10/24/05--01058--019 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONSECA, EVANGELINE <input type="checkbox"/> Delete 500 SOUTH OCEAN WAY, APT. 208 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAROCCA, NICHOLAS <input type="checkbox"/> Delete 500 S OCEAN WAY DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWD, ROBERT W <input checked="" type="checkbox"/> Delete 500 S OCEAN WAY DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: Nicholas F. Larocca Date: 10/21/05 Daytime Phone #: 954-571-9252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

