2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # N0300008463 1. Entity Name COVE ISLE COMMUNITY ASSOCIATION, INC.					01-29-2007 90092 022 ****61.25		
Principal Plac 7601 LOST I STUART, FL	RIVER ROAD	Mailing Address 7601 LOST RIVER ROAD STUART, FL 34997					
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2. Principal Place of Bysiness No P.O. Box # 3. Mailing Address 6300 Port of Connerce Blud Suite, Apt. #, etc.			Same				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	که ک	01112007 Ch	ng-NP CR2E037 (12/06	·)	
Boco.	Raton, FL	City & State	left	4. FEI Number 20-248956	4	Applied For Not Applicable	
		Zip	Country	5. Certificate of Sta	atus Desired		
6. Name and Address of Current Registered Agent			None	7. Name and Add	ress of New Registered Agent		
	CHARLES W III		70	Name Jayme Geltand			
4400 PGA BOULEVARD SUITE 900				Smeet Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS, FL 33410			6300	~	Commerce Bl	0	
			R	Rotos	FL 79.5	ode	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or regis		the State of Florida. I am familiar wi	th, and accept	
SIGNATURE	tions of registered agent.	Q			1/10/07		
1 (Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	Registered Agent signature req	uired when reinstating)	DATE		
(Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be	Make check payable		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees	Florida Department of	State	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees	Florida Department of ES TO OFFICERS AND DIRECTORS	State IN 10	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted 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 an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIDNING OFFICER ORDIRECTOR

1/10/07 561-549-67A