


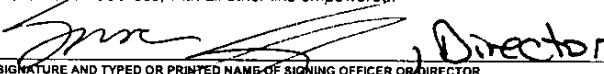


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-29-2007 90092 022 ****61.25

DOCUMENT # N03000008463 1. Entity Name COVE ISLE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 7601 LOST RIVER ROAD STUART, FL 34997			Mailing Address 7601 LOST RIVER ROAD STUART, FL 34997		
2. Principal Place of Business - No P.O. Box # 6300 Park of Commerce Blvd		3. Mailing Address Same as left			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0112007 Chg-NP CR2E037 (12/06)	
City & State Boca Raton, FL		City & State left		4. FEI Number 20-2489564	
Zip 33487		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent EDGAR, CHARLES W III 4400 PGA BOULEVARD SUITE 900 PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name Jayne Gelfand Street Address (P.O. Box Number is Not Acceptable) Prime Management Group 6300 Park of Commerce Blvd City Boca Raton FL 33487		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 1/10/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABOR, MARTIN 7601 S.W. LOST RIVER ROAD STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Melody Daly 123 NW 13 St. Ste. 300 Boca Raton, FL 334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, OSIRIS 7601 S.W. LOST RIVER ROAD STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T Ron Yuter 123 NW 13 St. Ste. 300 Boca Raton, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEPBURN-ELLIOTT, DOMINIQUE 7601 S.W. LOST RIVER ROAD STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tad Russell 123 NW 13 St. Ste. 300 Boca Raton, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynne Gaudet 123 NW 13 St. Ste. 300 Boca Raton, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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 an address, with all other like empowered.					
SIGNATURE: 		Director		Date 1/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-549-0721			