


**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR -2 AM 9:26

**DOCUMENT # 184110**

1. Entity Name  
COVE BEACH CLUB, INC.



Principal Place of Business      Mailing Address  
500 SOUTH OCEAN WAY      500 SOUTH OCEAN WAY  
ATTEN: ~~NICHOLAS LARocca~~ **ROBT. KLUPF**      ATTEN: ~~NICHOLAS LARocca~~ **ROBT. KLUPF**  
DEERFIELD BEACH, FL 33441      DEERFIELD BEACH, FL 33441

**REINSTATEMENT** 06-07



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02162007    REIN-P      CR2E098 (1/07)

4. FEI Number      Applied For  
59-0794493      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: GREENBERG, JEROME STREET ADDRESS: 500 SOUTH OCEAN WAY CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	Vice President NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: DOHERTY, EDWARD STREET ADDRESS: 500 SOUTH OCEAN WAY CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	President NAME: Robert Klupf STREET ADDRESS: 500 S Ocean Way #605 CITY-ST-ZIP: Deerfield Bch FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: FONSECA, EVANGELINE STREET ADDRESS: 500 SOUTH OCEAN WAY, APT. 208 CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TREASURER NAME: BARBARA S GEORGI STREET ADDRESS: 500 S. Ocean Way #405 CITY-ST-ZIP: Deerfield Bch FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: LARocca, NICHOLAS STREET ADDRESS: 500 S OCEAN WAY CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	SECRETARY NAME: PATRICIA PERRO STREET ADDRESS: 500 S Ocean Way #604 CITY-ST-ZIP: Deerfield Bch FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD NAME: CORSO, EDWARD STREET ADDRESS: 500 S OCEAN WAY CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	DIRECTOR NAME: KATHERINE KEMENY STREET ADDRESS: 500 S OCEAN WAY #612 CITY-ST-ZIP: Deerfield Bch FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
[blank]	<input type="checkbox"/> Delete	[blank]	<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 607, 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: Barbara S. Georgi      Date: 2-23-07      Daytime Phone #: 954-725-6436

BARBARA S GEORGI