

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90082 046 ****61.25

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01302007 Chg-NP CR2E037 (12/06)

DOCUMENT # 741803 1. Entity Name THE COVE AT SOUTH BEACHES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4230 S HWY A-1-A P O BOX 510908 MELBOURNE BCH, FL 32951-7908			Mailing Address 4230 S HWY A-1-A P O BOX 510908 MELBOURNE BCH, FL 32951-7908		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1852801 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUTER, DALE 6 COVE ROAD MELBOURNE				7. Name and Address of New Registered Agent Name Street Adc City	
Space Coast Property Management 645 Classic Court Suite #104 Melbourne, FL 32940				Space Coast Property Management 645 Classic Court Suite #104 Melbourne, FL 32940	
8. The above named entity submits this statement for the purpose of changing its registered office or re- the obligations of registered agent. SIGNATURE MARK JACKSON 3/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THORNTON, MATTHEW 2 COVE RD. MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID T THOMPSON 23 COVE RD MELBOURNE BEACH FL 32951 SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOCKHOLD, RON 1 COVE RD MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GLENN WEYANT 20 COVE RD MELBOURNE BEACH FL 32951 PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELIAS-LEWIS, RHONDA 34 COVE RD MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELDERFIELD, PETER 13 COVE RD. MELBOURNE BEACH, FL 32951 VICE PRES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROUTER, DALE 6 COVE RD. MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	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 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 DALE ROUTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/15/07 <small>Date Daytime Phone #</small>		