


FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 184110					
1. Entity Name COVE BEACH CLUB, INC.					
Principal Place of Business 500 SOUTH OCEAN WAY ATTN: ROBERT KLUPT DEERFIELD BEACH, FL 33441			Mailing Address 500 SOUTH OCEAN WAY ATTN: ROBERT KLUPT DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0794493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	DIRECTOR, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JEROME			NAME	BOARD OF DIRECTORS.
STREET ADDRESS	500 SOUTH OCEAN WAY			STREET ADDRESS	(Address unchanged)
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	PRESIDENT OF <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUPT, ROBERT			NAME	ASSOCIATION / BOARD OF
STREET ADDRESS	500 SOUTH OCEAN WAY, #605			STREET ADDRESS	DIRECTORS.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	GEORGI, BARBARA S			NAME	
STREET ADDRESS	500 SOUTH OCEAN WAY #405			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY OF BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRO, PATRICIA			NAME	JOAN DICKINSON
STREET ADDRESS	500 SOUTH OCEAN WAY, 604			STREET ADDRESS	500 S. OCEAN WAY, # 304
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMENY, KATHERINE			NAME	OF BOARD.
STREET ADDRESS	500 SOUTH OCEAN WAY, #612			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NINA RUPP			NAME	OF BOARD.
STREET ADDRESS	500 S. OCEAN WAY # 712			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
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 of 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, without other like empowered.					
SIGNATURE: <i>Nina Rupp</i>				3/27/08 954-427-2900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	

40004100



03262008 Chg-P CR2E034 (12/06)

4. FEI Number 59-0794493 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT KAYE & ASSOCIATES, P.A.
 6251 NORTH WEST 6TH WAY
 FORT LAUDERDALE, FL 33309

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

Signature(s), typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP Delete
 NAME GREENBERG, JEROME
 STREET ADDRESS 500 SOUTH OCEAN WAY
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE DIRECTOR, Change Addition
 NAME BOARD OF DIRECTORS.
 STREET ADDRESS (Address unchanged)
 CITY-ST-ZIP

TITLE P Delete
 NAME KLUPT, ROBERT
 STREET ADDRESS 500 SOUTH OCEAN WAY, #605
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE PRESIDENT OF Change Addition
 NAME ASSOCIATION / BOARD OF
 STREET ADDRESS DIRECTORS.
 CITY-ST-ZIP

TITLE T Delete
 NAME GEORGI, BARBARA S
 STREET ADDRESS 500 SOUTH OCEAN WAY #405
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME PERRO, PATRICIA
 STREET ADDRESS 500 SOUTH OCEAN WAY, 604
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE SECRETARY OF BOARD Change Addition
 NAME JOAN DICKINSON
 STREET ADDRESS 500 S. OCEAN WAY, # 304
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D Delete
 NAME KEMENY, KATHERINE
 STREET ADDRESS 500 SOUTH OCEAN WAY, #612
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE VICE PRESIDENT Change Addition
 NAME OF BOARD.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME NINA RUPP
 STREET ADDRESS 500 S. OCEAN WAY # 712
 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE TREASURER Change Addition
 NAME OF BOARD.
 STREET ADDRESS
 CITY-ST-ZIP

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 of 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, without other like empowered.

SIGNATURE: *Nina Rupp*

3/27/08 954-427-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

ATTACHMENT
THE COVE BEACH CLUB

40062139

#189118

500 SOUTH OCEAN WAY • DEERFIELD BEACH, FLORIDA 33441
PHONE 954-427-2900 • FAX 954-427-4368

March 27, 2008

Secretary of State
Florida Department of State
Division of Corporations
Annual Renewal Office
PO Box 6327
Tallahassee, Florida 32314

REF: RENEWAL OF FOR PROFIT CORPORATION STATUS

Dear Sir,

Please find attached the form required to renew our designation as a corporation in the State of Florida for the year 2008 together with our annual fee of \$150.00.

Please note that our official mailing address for the corporation is as follows:

COVE BEACH CLUB
500 South Ocean Way
Deerfield Beach, FL 33441

Office hours: 9 AM – 1 PM
Phone: (954) 427-2900
Office contact: Monica Herlihy/Secretary

Sincerely,



Robert Klupt
President, Board of Directors
Cove Beach Club

Cc: Board of Directors