2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N00000000923

Entity Name: COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

455 COVE TOWERS DR
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PORPERTY MANAGEMENT
3435 10TH STREET N., #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1025296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCHOEMER, JOHN	
Address:	445 COVE TOWER DR SUITE 302	
City-St-Zip:	NAPLES, FL 34110	
Title:	DT	( ) Delete
Name:	ORR, DICK	
Address:	445 COVE TOWER DR 1002	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	SEIDEN, DAVE	
Address:	445 COVE TOWER DR 1203	
City-St-Zip:	NAPLES, FL 34110	
Title:	VD	( ) Delete
Name:	FELDMAN, BERNARD	
Address:	455 COVE TOWER DR SUITE 1203	
City-St-Zip:	NAPLES, FL 34110	
Title:	SD	( ) Delete
Name:	AIBEL, SUSAN	
Address:	455 COVE TOWER DR SUITE 602	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SCHOEMER PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date