


FILED  
Mar 03, 2003 8:00 am  
Secretary of State

02-17-2003 90161 010 \*\*\*150.00

### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 184110**

1. Entity Name  
**COVE BEACH CLUB, INC.**



Principal Place of Business  
**800 SOUTH OCEAN WAY  
DEERFIELD BEACH FL 33441**

Mailing Address  
**800 SOUTH OCEAN WAY  
DEERFIELD BEACH FL 33441**

00012701



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **50-0794493**

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

6. Name and Address of Current Registered Agent  
**ZIFRONY, MATTHEW  
110 TOWER - 110 S.E. 6TH STREET  
15TH FLOOR  
FT. LAUDERDALE FL 33301**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
Name **Robert Kaye & Associates, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6261 North West 6th Way**  
City **Ft. Lauderdale** FL Zip Code **33309**

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 *Robert Kaye* President **2-24-03**

(NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>GREENBERG, JEROME 500 SOUTH OCEAN WAY DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete	
SD NAME STREET ADDRESS CITY-ST-ZIP	<b>JENSEN, JOHN 500 SOUTH OCEAN WAY DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete	
D NAME STREET ADDRESS CITY-ST-ZIP	<b>WEST, CLINTON 600 SOUTH OCEAN WAY, APT. 612 DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME STREET ADDRESS CITY-ST-ZIP	<b>LAROCCA, NICHOLAS 500 S OCEAN WAY DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME STREET ADDRESS CITY-ST-ZIP	<b>DOWD, ROBERT W 600 S OCEAN WAY DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<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 exemption stated in Section 119.07(3)(f), 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: *Nicholas LaroCCA* **NICHOLAS LAROCCA** 2/12/03 954-571-9252

DATE DAYTIME PHONE

CR2003 (10/02)