

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000923

FILED
Apr 28, 2015
Secretary of State
CC3670790859**Entity Name:** COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O AMERICAN PROPERTY MANAGEMENT SVC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113**Current Mailing Address:**C/O AMERICAN PROPERTY MANAGEMENT SVC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113**FEI Number:** 65-1025296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MISERANDINO ORTIZ, ORLANDO
C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US*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:** ORLANDO MISERANDINO ORTIZ

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name MYALLS, WALTER DR.
Address 455 COVE TOWER DR
403
City-State-Zip: NAPLES FL 34110**Title** VP
Name LANGEL, ARTHUR
Address 445 COVE TOWER DR
1703
City-State-Zip: NAPLES FL 34110**Title** TREASURER
Name OBERG, ROGER
Address 445 COVE TOWER DR
1003
City-State-Zip: NAPLES FL 34110**Title** PRESIDENT
Name KOPP, JANE
Address 455 COVE TOWER DR
301
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR
Name KARAMBELLAS, ANTHONY
Address 445 COVE TOWER DR
1604
City-State-Zip: NAPLES FL 34110

I hereby 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 all other like empowered.

SIGNATURE: JANE KOPP**PRESIDENT**

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date