2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000923

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

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 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			04/26/2018
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	SECRETARY	Title	VP	
Name	MYALLS, WALTER DR.	Name	LANGEL, ARTHUR	
Address	C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST	Address	C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST	
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113	
Title	TREASURER	Title	DIRECTOR	
Name	BEUTER, RICHARD	Name	BENZ, JAMES	
Address	C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST	Address	C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST	
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113	
Title	PRESIDENT			
Name	MOHAJERY, BARBARA			
Address	C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST			
City-State-Zip:	NAPLES FL 34113			

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: BARBARA MOHAJERY

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No