

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01565

**Entity Name:** COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Aug 06, 2024**  
**Secretary of State**  
**4676282744CC**

**Current Principal Place of Business:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487 US

**FEI Number: 59-2641942**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STOLOFF & MANOFF, P.A.  
1818 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH, FL 33409 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: LAURIE MANOFF**

**08/06/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LOUZIN, ALAN  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           VP  
Name           GRIMALDI, WILLIAM  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           D  
Name           WESTFAL, ROBERT  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           PRESIDENT  
Name           BURTON, STUART  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR  
Name           GOLINI, WILLIAM  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR  
Name           TELVOCK, JOHN  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR  
Name           SKARECKI, BOB  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

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 on the Return. **SIGNATURE: ALAN LOUEN** **PRESIDENT** **08/06/2024**

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Electronic Signature of Signing Officer/Director Detail

Date