2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01565

Entity Name: COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 05, 2017
Secretary of State
CC0477122018

Current Principal Place of Business:

C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403

Current Mailing Address:

C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-2641942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH CHADROW & LEVINE P.A. 1900 N. COMMERCE PKWY WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title SEC

Name LOUZIN, ALAN Name GARFUNKEL, FRAN

Address C/O CAPITAL REALTY ADVISORS, Address C/O CAPITAL REALTY ADVISORS,

600 SANDTREE DRIVE, SUITE 109 600 SANDTREE DRIVE, SUITE 109

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

Title P Title DIRECTOR

Name CIOPPA, BOB Name CHINSKY, IRA

Address C/O CAPITAL REALTY ADVISORS, Address C/O CAPITAL REALTY ADVISORS,

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

Title D Title VP

Name ROMANO, ROSE Name BURTON, STUART

Address C/O CAPITAL REALTY ADVISORS, Address C/O CAPITAL REALTY ADVISORS,

600 SANDTREE DRIVE, SUITE 109 600 SANDTREE DRIVE, SUITE 109

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

Title DIRECTOR

Name GRAZIOSO, BOB

Address C/O CAPITAL REALTY ADVISORS,

INC.

City-State-Zip: PALM BEACH GARDENS FL 33403

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: BOB CIOPPA P 04/05/2017

Date