2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01565

Entity Name: COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 19, 2022
Secretary of State
7923821012CC

Current Principal Place of Business:

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F LAKE WORTH, FL 33467 US

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

Name and Address of Current Registered Agent:

LAW OFFICE OF J.M. CUNHA 601 HERITAGE DR. SUITE #424 JUPITER, FL 33458 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: J.M. CUNHA 08/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER Title VP

Name LOUZIN, ALAN Name BURTON, STUART

Address C/O DAVENPORT PROFESSIONAL Address C/O DAVENPORT PROFESSIONAL

PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F
PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title D Title PRESIDENT

Name WESTFAL, ROBERT Name LEFENFELD, DIANE

Address C/O DAVENPORT PROFESSIONAL Address C/O DAVENPORT PROFESSIONAL

PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F

PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title D Title SECRETARY

Name GIANATIEMPO, COSIMO Name TELVOCK, JOHN

Address C/O DAVENPORT PROFESSIONAL Address C/O DAVENPORT PROFESSIONAL

PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F
PROPERTY MANAGEMENT
6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

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: DIANE LEFENFELD PRESIDENT 08/19/2022