#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01565

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

#### **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

## 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	E: LAURIE MANOFF		03/20/2024
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	TREASURER	Title	VP
Name	LOUZIN, ALAN	Name	GRIMALDI, WILLIAM
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROFESSIONAL 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	BURTON, STUART
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DIRECTOR	Title	DIRECTOR
Name	GOLINI, WILLIAM	Name	TELVOCK, JOHN
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DIRECTOR		
Name	SKARECKI, BOB		
Address	DAVENPORT PROPERTY 6620 LAKE WORTH RD SUITE F		
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: STUART BURTON

PRESIDENT

# FILED Mar 20, 2024 Secretary of State 6041579611CC

Certificate of Status Desired: No