2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01565

Entity Name: COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.

FILED Apr 20, 2023 Secretary of State 9988589248CC

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 04/20/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title VΡ

Name LOUZIN, ALAN Name BURTON, STUART

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

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

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

Title D Title **PRESIDENT**

WESTFAL, ROBERT LEFENFELD, DIANE Name Name

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

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

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

Title **DIRECTOR** Title **SECRETARY**

Name GRIMALDI, WILLIAM Name TELVOCK, JOHN

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

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

City-State-Zip:

LAKE WORTH FL 33467

Title **DIRECTOR**

Name SKARECKI, BOB

Address DAVENPORT PROPERTY

6620 LAKE WORTH RD SUITE F

LAKE WORTH FL 33467

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.

City-State-Zip:

City-State-Zip:

PRESIDENT 04/20/2023 SIGNATURE: DIANE LEFENFELD

Electronic Signature of Signing Officer/Director Detail

Date