

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01565

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

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATION, INC.  
3900 WOODLAKE BLVD, STE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATION, INC.  
3900 WOODLAKE BLVD, STE 309  
LAKE WORTH, FL 33463 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

Date

**Officer/Director Detail :**

Title VP  
Name LOUZIN, ALAN  
Address 5843 PARKWALK DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title SEC  
Name KEEGAN, YVETTE  
Address 6009 PARKWALK DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title P  
Name ROMANO, ROSE  
Address 6077 PARKWALK DR.  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR, TRES  
Name WILLIG, ROBERT  
Address 6049 PARKWALK DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title D  
Name TOBACK, JOSEPH  
Address 5807 PARKWALK DR  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** ROSE ROMANO

**PRES.**

**03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date