

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01565

Entity Name: COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 13, 2015
Secretary of State
CC9924438632**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	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	SEC
Name	KEEGAN, YVETTE
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	P
Name	ROMANO, ROSE
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	WILLIG, ROBERT
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	D
Name	TOBACK, JOESEPH
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER
Name	CIOPPA, ROBERT
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	GRAZIOSO, BOB
Address	C/O GRS MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD, STE 309
City-State-Zip:	LAKE WORTH FL 33463

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**PRESIDENT****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date