## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004630

Entity Name: C/HP COVE, INC.

PRT FILED
Apr 25, 2017
Secretary of State
CC1886604419

**Current Principal Place of Business:** 

1090 VERMONT AVENUE NW, SUITE 400

WASHINGTON, DC 20005

## **Current Mailing Address:**

1090 VERMONT AVENUE NW, SUITE 400 WASHINGTON, DC 20005 US

FEI Number: 52-1949584 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC.

115 NORTH CALHOUN ST.

SUITE 4

TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

400

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name BURNS, RICHARD F Name CORBETT, JOHN

Address 1090 VERMONT AVENUE NW, SUITE Address 1090 VERMONT AVENUE NW, SUITE

WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title VP, DIRECTOR Title TREASURER

Name WIEDORFER, JOSEPH P Name PARKINSON, GARY J

Address 1090 VERMONT AVE., N.W., SUITE 400 Address 1090 VERMONT AVENUE NW, SUITE

400

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title SECRETARY Title VP

Name VACCARO, THOMAS G Name MITCHELL, FRED C

Address 1090 VERMONT AVE., N.W., SUITE 400 Address 1090 VERMONT AVENUE NW, SUITE

400

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title VP Title VP

Name GREEN, STEPHEN M. Name FRY, PATRICK J.

Address 1090 VERMONT AVENUE NW, SUITE Address 1090 VERMONT AVENUE NW, SUITE

40

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

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: THOMAS G. VACCARO

**SECRETARY** 

04/25/2017