## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002056

Entity Name: COVE TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED Feb 29, 2016 Secretary of State CC1386516561

## **Current Principal Place of Business:**

425 COVE TOWER DR NAPLES. FL 34110

## **Current Mailing Address:**

3365 WOODS EDGE CIRCLE - SUITE102 C/O KW PROPERTY MANAGEMENT & CONSULTING BONITA SPRINGS, FL 34134 US

FEI Number: 59-3478199 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

GOEDE & ADAMCZYK, PLLC 8950 FONTANA DEL SOL WAY - SUITE 100 NAPLES, FL 34109 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

102

Officer/Director Detail:

102

Title DP Title TREASURER

Name MCCABE, BILL Name NEWMAN, DOUGLAS

Address 3365 WOODS EDGE CIRCLE - SUITE Address 3365 WOODS EDGE CIRCLE - SUITE

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BONITA SPRINGS FL 34134

Title DVP Title DS

Name MCGILL, PHILLIP Name HAUSER, WILLIAM

Address 3365 WOODS EDGE CIRCLE - SUITE Address 3365 WOODS EDGE CIRCLE - SUITE 102

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name RUSSO, PAUL

Address 3365 WODDS EDGE CIRCLE - SUITE

102

City-State-Zip: BONITA SPRINGS FL 34134

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: BILL MCCABE PROPERTY MANAGER 02/29/2016