

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002056

**Entity Name:** COVE TOWERS CONDOMINIUM ASSOCIATION, INC.**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:** No**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**Officer/Director Detail :**

Title	DP
Name	MCCABE, BILL
Address	3365 WOODS EDGE CIRCLE - SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DVP
Name	STANZL, FRANK
Address	3365 WOODS EDGE CIRCLE - SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DT
Name	RUSSO, DEBORAH
Address	3365 WOODS EDGE CIRCLE - SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DS
Name	DEROLF, THOMAS
Address	3365 WOODS EDGE CIRCLE - SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DVP
Name	BASILE, MIKE
Address	3365 WOODS 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: DEBORAH RUSSO****TREASURER****03/08/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date