

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002056

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**8236382423CC**

**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:** Yes

**Name and Address of Current Registered Agent:**

GOEDE & ADAMCZYK, PLLC  
6609 WILLOW PARK DRIVE, #201  
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 TREASURER  
Name NEWMAN, DOUGLAS  
Address 3365 WOODS EDGE CIRCLE - SUITE 102  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name FOLK, DICK  
Address 3365 WOODS EDGE CIRCLE - SUITE 102  
City-State-Zip: BONITA SPRINGS FL 34134

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

Title DVP  
Name RUSSO, PAUL  
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:** BILL MCCABE

**DIRECTOR PRESIDENT**

**04/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date