

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002056

**Entity Name:** COVE TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

430 COVE TOWER DRIVE  
OFFICE  
NAPLES, FL 34110

**Current Mailing Address:**

430 COVE TOWER DRIVE  
OFFICE  
NAPLES, FL 34110 US

**FEI Number: 59-3478199**

**Certificate of Status Desired: No**

**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 DIRECTOR, PRESIDENT  
Name MCCABE, WILLIAM  
Address 430 COVE TOWER DRIVE  
OFFICE  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name STANTON, MARCIA  
Address 430 COVE TOWER DRIVE  
OFFICE  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR, TREASURER  
Name PNIEWSKI, RONALD  
Address 430 COVE TOWER DRIVE  
OFFICE  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR, SECRETARY  
Name FOLK, DICK  
Address 430 COVE TOWER DRIVE  
OFFICE  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR, VP  
Name DEJONG, WILLIAM  
Address 430 COVE TOWER DRIVE  
OFFICE  
City-State-Zip: NAPLES FL 34110

*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: WILLIAM MCCABE**

**PRESIDENT**

**03/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date