FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 184110 (5)

1. Corporation Name
COVE BEACH CLUB, INC.

Principal Place of Business
500 SOUTH OCEAN WAY
DEERFIELD BEACH FL 33441

Mailing Address
500 SOUTH OCEAN WAY
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 03/24/1955
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-0794493 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GLOVER, C. W
500 SOUTH OCEAN WAY
APT. 308
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X ______ X ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GLOVER, C. W	
STREET ADDRESS	500 S. OCEAN WAY, APT. 308	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ DELETE
NAME	DENOIA, TOM J	
STREET ADDRESS	3297 CHURCHILL DRIVE	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	VP	☒ DELETE
NAME	DOHERTY, EDWARD C	
STREET ADDRESS	500 S. OCEAN WAY, VILLA 2	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	☐ DELETE
NAME	HUMPHREY, DONALD J	
STREET ADDRESS	500 SO OCEAN WAY, APT 802	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☒ DELETE
NAME	HOPFER, HEINZ	
STREET ADDRESS	500 S. OCEAN WAY, APT. 412	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	JOHN HARRIS	
3.3 STREET ADDRESS	500 S. OCEAN WAY	
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	VICTOR SCILEPPI	
5.3 STREET ADDRESS	500 S. OCEAN WAY	
5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X C W Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X ______ Date — 954-721-9044 Daytime Phone #

CR2E034 (12/95)