

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -2 AM 9:26

DOCUMENT # 184110

1. Entity Name
COVE BEACH CLUB, INC.



Principal Place of Business

500 SOUTH OCEAN WAY
ATTEN: ~~NICHOLAS LARocca~~ ROBT. KLUPF
DEERFIELD BEACH, FL 33441

Mailing Address

500 SOUTH OCEAN WAY
ATTEN: ~~NICHOLAS LARocca~~ ROBT. KLUPF
DEERFIELD BEACH, FL 33441

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

59-0794493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES, P.A.
6251 NORTH WEST 6TH WAY
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME GREENBERG, JEROME ☐ Delete
STREET ADDRESS 500 SOUTH OCEAN WAY
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NAME DOHERTY, EDWARD ☒ Delete
STREET ADDRESS 500 SOUTH OCEAN WAY
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

President ☐ Change ☒ Addition
NAME Robert Klupf
STREET ADDRESS 500 S Ocean Way #605
CITY-ST-ZIP Deerfield Bch FL 33441

S
NAME FONSECA, EVANGELINE ☒ Delete
STREET ADDRESS 500 SOUTH OCEAN WAY, APT. 208
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TREASURER ☐ Change ☒ Addition
NAME BARBARA S GEORGI
STREET ADDRESS 500 S Ocean Way #405
CITY-ST-ZIP Deerfield Bch FL 33441

PD
NAME LARocca, NICHOLAS ☒ Delete
STREET ADDRESS 500 S OCEAN WAY
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

PATRICIA PERRO ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS 500 S Ocean Way #604
CITY-ST-ZIP Deerfield Bch FL 33441

VPD
NAME CORSO, EDWARD ☒ Delete
STREET ADDRESS 500 S OCEAN WAY
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

DIRECTOR ☐ Change ☒ Addition
NAME KATHERINE KEMENY
STREET ADDRESS 500 S OCEAN WAY #612
CITY-ST-ZIP Deerfield Bch FL 33441

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700092219727
03/12/07--01015--010 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara S. Georgi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07 954-725-6436
Date Daytime Phone #

BARBARA S GEORGI