


FILED
Mar 03, 2003 8:00 am
Secretary of State

02-17-2003 90161 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 184110

1. Entity Name
COVE BEACH CLUB, INC.



Principal Place of Business
**800 SOUTH OCEAN WAY
DEERFIELD BEACH FL 33441**

Mailing Address
**800 SOUTH OCEAN WAY
DEERFIELD BEACH FL 33441**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

00012701



CHECK HERE IF MAKING CHANGES

4. FEI Number **50-0794493** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZIFRONY, MATTHEW
110 TOWER - 110 S.E. 6TH STREET
15TH FLOOR
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Robert Kaye & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
6261 North West 6th Way

City **Ft. Lauderdale** FL Zip Code **33309**

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 *Robert Kaye* President DATE **2-24-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, JEROME		NAME		
STREET ADDRESS	500 SOUTH OCEAN WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, JOHN		NAME		
STREET ADDRESS	500 SOUTH OCEAN WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, CLINTON		NAME	John Dickinson	
STREET ADDRESS	600 SOUTH OCEAN WAY, APT. 612		STREET ADDRESS	500 South Ocean Way Apt. 208	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROCCA, NICHOLAS		NAME		
STREET ADDRESS	500 S OCEAN WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWD, ROBERT W		NAME		
STREET ADDRESS	600 S OCEAN WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nicholas LaroCCA* DATE **2/12/03** PHONE **954-571-9252**

Signature and typed or printed name of signing officer or director. Date Daytime Phone