

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525401

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE COVE MANAGEMENT, INC.

Current Principal Place of Business:

C/O CAROLE NERONE
900 BROAD AVE SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

C/O CAROLE NERONE
900 BROAD AVE SOUTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1718355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NERONE, CAROLE GM
900 BROAD AVENUE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, JAMES
Address: 120 WESTBURY ROAD
City-St-Zip: LUTHERVILLE, MD 21093

Title: D () Delete
Name: MCPHERSON, KENNETH
Address: 95 PELRET INDUSTRIAL PARKWAY
City-St-Zip: BERE A, OH 44017

Title: S () Delete
Name: FRAZER, RUSSELL
Address: 900 BROAD AVENUE SOUTH SLIP 17
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DELUCA, LEONARD
Address: 2647 SKYLINE DRIVE
City-St-Zip: LORAIN, OH 44053

Title: P () Delete
Name: DELLA PENNA, RON
Address: 467 SOUTH BROAD
City-St-Zip: CANFIELD, OH 44406

Title: T () Delete
Name: FLANNIGAN, JOSEPH
Address: 1187 8TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KORDELSKI, GERALD
Address: 43250 DELLEFIELD ROAD
City-St-Zip: ELYRIA, OH 44035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DELLA PENNA

P

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date