

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525401

FILED
Jan 30, 2012
Secretary of State

Entity Name: THE COVE MANAGEMENT, INC.

Current Principal Place of Business:

C/O MIRIAM ASAY
900 BROAD AVE SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

C/O MIRIAM ASAY
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:

ASAY, MIRIAM 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

OFFICERS AND DIRECTORS:

Title: VP
Name: HANSEN, D
Address: 55 KNAPP STREET
City-St-Zip: OSHKOSH, WI 54902

Title: P
Name: DELLAPENNA, RONALD
Address: 467 SOUTH BROAD
City-St-Zip: CANFIELD, OH 44406

Title: D
Name: HAMILTON, JAMES
Address: 800 SOUTHERLY ROAD, #1115
City-St-Zip: TOWSON, MD 21286

Title: T
Name: MCDONNELL, JO ANN
Address: 13101 7TH STREET S., 207
City-St-Zip: NAPLES, FL 34102

Title: S
Name: BERNIER, RAYMOND
Address: 477 DEVILS LANE
City-St-Zip: NAPLES, FL 34102

Title: D
Name: OSBURN, NORBERT
Address: 954 ANCHORAGE CT.
City-St-Zip: OSHKOSH, WI 54901

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD DELLA PENNA

P

01/30/2012

Electronic Signature of Signing Officer or Director

Date