

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR 29 AM 7:12**

**DOCUMENT # 731788 (6)**

1. Corporation Name

**THE COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2784 SOUTH COUNTY ROAD Road** **2784 SOUTH COUNTY ROAD Road**  
**PALM BEACH FL 33480** **PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/20/1975</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1566808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$9.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent

**SCHWARTZ, DR. GILBERT W.**  
**2784 S. COUNTY RD.**  
**PALM BEACH FL 33480**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	<del>MARSUS, LEO</del> Grace Forrest
STREET ADDRESS	<del>2784 S. OCEAN BLVD</del> 2784 S Ocean Blv
CITY - ST - ZIP	<del>PALM BEACH FL</del> Palm Bch, Fl
TITLE	D
NAME	LIPSNER, JERRY
STREET ADDRESS	2784 S. OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	<del>EDEMAN, SIDNEY</del> Bernard Stern
STREET ADDRESS	<del>2784 S OCEAN BL</del> 2784 S Ocean Blv
CITY - ST - ZIP	<del>PALM BEACH FL</del> Palm Bch, Fl
TITLE	S
NAME	KARLIN, MARTIN
STREET ADDRESS	2784 S. OCEAN BL #406N
CITY - ST - ZIP	PALM BCH FL
TITLE	D
NAME	HELPERN, SAUL B
STREET ADDRESS	2784 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH FL
TITLE	S
NAME	<del>SCHWARTZ, LESLIE</del>
STREET ADDRESS	<del>2784 S. OCEAN BLVD</del>
CITY - ST - ZIP	<del>PALM BCH FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eugene Fleisher
1.3 STREET ADDRESS	2784 S. Ocean Blvd #507N
1.4 CITY - ST - ZIP	Palm Beach, FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerald Frank
2.3 STREET ADDRESS	2784 S Ocean Blvd #401S
2.4 CITY - ST - ZIP	Palm Beach, FL 33480
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leslie Schwartz
3.3 STREET ADDRESS	2784 S Ocean Blvd #203S
3.4 CITY - ST - ZIP	Palm Beach, FL
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Brown
4.3 STREET ADDRESS	2784 S Ocean Blvd #208N
4.4 CITY - ST - ZIP	Palm Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugene Fleisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Eugene Fleisher, President

3-24-95 (407) 505-6060  
Date Initials