


FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 731788 (6)
1. Corporation Name
THE COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2784 S COUNTY RD PALM BEACH FL 33480 US
2784 S COUNTY RD PALM BEACH FL 33480 US

3. Date Incorporated or Qualified 01/20/1975
3a. Date of Last Report 01/29/1996

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

4. FEI Number 59-1566808 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Gilbert W. Schwartz* DATE: 2/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, GRACE	12 NAME	
STREET ADDRESS	2784 S. OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSNER, JERRY	2.2 NAME	Gerald Frank
STREET ADDRESS	2784 S. OCEAN BLVD	2.3 STREET ADDRESS	2784 S. Ocean Blvd #401N
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, BERNARD	3.2 NAME	
STREET ADDRESS	2784 SO OCEAN BL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLIN, MARTIN	4.2 NAME	Gertrude Reich
STREET ADDRESS	2784 S. OCEAN BL	4.3 STREET ADDRESS	2784 S. Ocean Blvd #501N
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELPERN, SAUL B	5.2 NAME	
STREET ADDRESS	2784 S OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISHER, EUGENE	6.2 NAME	
STREET ADDRESS	2784 S. OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerald Frank* (Gerald Frank, Pres.) 2/20/97 (561)-585-6060

CR2E037 (9/96)