

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90091 043 ****70.00

DOCUMENT # 731788
 1. Entity Name
THE COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2784 S OCEAN BLVD. PALM BEACH FL 33480 US	Mailing Address 2784 S OCEAN BLVD. PALM BEACH FL 33480 US
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00020458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1566808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABRANS, MARTIN B
2784 S. OCEAN BLVD.
APT. 105-N
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE DATE **02/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, GERALD <input type="checkbox"/> Delete 2784 S. OCEAN BLVD. 401-S PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYMAN, STEPHEN <input checked="" type="checkbox"/> Delete 2784 S. OCEAN BLVD. 101-S PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LESLIE <input type="checkbox"/> Delete 2784 S. OCEAN BLVD. 202-S PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICH, GERTRUDE <input type="checkbox"/> Delete 2784 S OCEAN BLVD #501N PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLAIDES, MARK <input type="checkbox"/> Delete 2784 S OCEAN BLVD #404S PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISHER, EUGENE <input checked="" type="checkbox"/> Delete 2784 S. OCEAN BLVD 507N PALM BCH FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT BROWN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2784 S. OCEAN BLVD 208N PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFF SHAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2784 S OCEAN BLVD 201S PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBBIE KANTROWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2784 S OCEAN BLVD 501N PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR GRAUBERD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2784 S. OCEAN BLVD 501E PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABEL DASRACAKIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2784 S OCEAN BLVD PALM BEACH FL 33480

12. I 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 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 617, 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: **JERRY FRANK** **02/23/01** **561 585 6460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)