

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731788

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2784 S OCEAN BLVD.
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

2784 S OCEAN BLVD.
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-1566808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS GEOFF/PROP MGR
2784 S. OCEAN BLVD.
PALM BEACH, FL 33480 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: SEC () Delete
Name: RUBINSTEIN, CHARLES
Address: 2784 S OCEAN BLVD 208 N
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: FAUER, PAT
Address: 2784 S OCEAN BLVD 203N
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: IVONCEVIC, MARIE
Address: 2784 S OCEAN BLVD # 102S
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: STERN, JOHN
Address: 2784 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: MEIER, THOMAS
Address: 2784 S. OCEAN BLVD APT 108N
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: LONNIER, JOE
Address: 2784 S OCEAN BLVD # 101S
City-St-Zip: PALM BCH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: IVANCEVIC, MARIE
Address: 2784 S OCEAN BLVD # 102S
City-St-Zip: PALM BEACH, FL 33480

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

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

Title: D (X) Change () Addition
Name: ZIMET, BARBARA
Address: 2784 S OCEAN BLVD # 101S
City-St-Zip: PALM BCH, FL 33480

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

SIGNATURE: GEOFF THOMAS

M

04/23/2009

Electronic Signature of Signing Officer or Director

Date