


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 734791
 1. Entity Name
COVE PROFESSIONAL CONDOMINIUM, INC.



| | |
|---|--|
| Principal Place of Business 1500 E. HILLSBORO BOULEVARD ATT. MILTON LAVERNIA DEERFIELD BEACH, FL 33441 US | Mailing Address 7169 PROMENADE DR BOCA RATON, FL 33433 US |
|---|--|



02242006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1702555 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent
**C.A.S.
 7137 A PROMENADE DR
 BOCA RATON, FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DIMITRIU, SORIN 1500 E HILLSBORO BLVD DEERFIELD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAMPTON, ROGER 1500 E HILLSBORO BLVD DEERFIELD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD AGAID, DOUGLAS 1500 E HILLSBORO DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BADER, ROBERT 1500 HILSBORO DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000465202
 03/22/06-80027-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Roger Hampton Pres.* **3/7/06** **561-595-7732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #