

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751405

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** THE COVE TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

1172 S. DIXIE HWY  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1172 S. DIXIE HWY  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-2059535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LA CRUZ, LUIS F  
2 ALHAMBRA PLAZA  
PH2-C  
CORAL GABLES, FL 33134 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: PTD ( ) Delete  
Name: GARCIA-DUFFOUR, JOSE  
Address: 1172 S. DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: ALVAREZ, ANTONIO  
Address: 1172 S. DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete  
Name: BALAGUE-ROCA, DOLORES  
Address: 1172 S. DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE GARCIA DUFFOUR

PTD

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date