FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED May 19 1998 8:00am Secretary of State

COVE VILLAS CONDOMINIUM ASSOCIATION, INC.						
Principal Place	of Business	Mailing Address	Mailing Address			1 LUBINI SQUERT DILIEN NOVIL SOLLIE BILLOT FROM BIBLIT BIBLIT BIBLIT BIBLIT BIBLIT BIBLIT BIBLIT BIBLIT BIBLIT
1531 NAUTILUS RD. % JAMES BEDINGHAUS NAPLES FL 33940		745 12TH AVE. S. SUITE D NAPLES FL 33940 US				3. Date Incorporated or Qualified 06/15/1981 4. FEI Number Applied For
						65-0128948 Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address 26	——————————————————————————————————————			Certificate of Status Desired Status Desired Status Desired Status Desired Fee Regulred
			Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
27						Trust Fund Contribution Added to Fees
City & State City & Sta			aie			7. Is this nonprofit corporation a homeowners association?
Zip	28 Country Zip Cou			ıntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u></u>		Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curre		1001			10. Name and Address of New Registered Agent
				81	Name	
MOORE	PROPERTY MGMT.			B2	Street A	Address (P.O. Box Number is Not Acceptable)
745 12TH AVE. S.						
SUITE D				63		
NAPLES	FL 33940			84	City	■■ 85 Zip Code
					•	┣°L╸┆┆
11. Pursuant t	to the provisions of Sections 617.050 egistered agent, or both, in the State	32 and 617.1508, Florida State e of Florida. Such change war	lutes, the a s authorize	bove d by	named - the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Sta	tutes		
SIGNATURE _						required when reinstating) DATE
12,	Signature, typed or printed name of registered ag	ID DIRECTORS	13.	a Age	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T	TLE		Change Addition
NAME			AME			
STREET ADDRESS	AAA SHILIPAA ALIF AA AAAA		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	ALADA DA DA		1.4 0	1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 T	ITLE		Change Addition
NAME	THALHEIMER, HOWARD		2.2 N	AME		
STREET ADDRESS	2095 E TAMIAMI TR		2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.40	CITY-S	7-ZIP	
TITLE	\$TD	☐ D€LETE	3.1 Ti	ITLE		Change Addition
NAME			AME			
STREET ADDRESS			3.3 S	TREET	address	
CITY-ST-ZIP	NAPLES FL	□ përre		S-YTK	T-Z(P	Change Addition
TITLE		☐ DELETE	4.1 To			☐ Change ☐ Addition
NAME			4.21			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		☐ DELETE	_	4.4 C(TY-ST-Z		☐ Change ☐ Addition
TITLE				5.1 TITLE 5.2 NAME		
NAME OTOTET ADDRESS					ADDRESS	
STREET ADDRESS					I	
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 N			
STREET ADDRESS			ı i		ADDRESS	
CITY-ST-ZIP				ITY-S	- 1	
	and the the information available	with this filing does not qualify				id in Section 119 07(3)(i) Florida Statutes I further certify that the information

I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.