

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 015 ****61.25

DOCUMENT #758761

1. Entity Name

COVE VILLAS CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

90039386

2. Principal Place of Business

880 10th Avenue South

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

US

3. Mailing Address

745 12th Avenue South

Suite, Apt. #, etc.

Ste. AA

City & State

Naples, FL

Zip

34102

Country

US

4. FEI Number

65-0128948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 his subordinate

(NOTE: Registered Agent signature required when reappointing)

DATE

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	P/D Winifred Burton 880 10th Avenue South #104 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Howard Thalheimer 880 10th Avenue South #103 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D Thomas Maloy 880 10th Avenue South #105 Naples, FL 34102
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 239 245 5051
Date Day/Month/Year

CR2E037B (12/02)