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

05-05-2002 90164 001 ***306.50
N00000000923

FILED
02 MAY -9 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000923

1. Entity Name
COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24301 Walden Center Dr.,	SAME
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.:
City & State: Bonita Springs, FL	City & State:
Zip: 34134 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1025296 ☐ 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: Vivien N. Hastings

Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Dr., #300

City: Bonita Springs FL Zip Code: 34134

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.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Dwight D. Thomas
STREET ADDRESS	24301 Walden Center Dr., #300
CITY-ST-ZIP	~~Bonita Springs, FL 34134~~
TITLE	DV
NAME	John Hawkins
STREET ADDRESS	24301 Walden CEnter Dr., #3000
CITY-ST-ZIP	~~Bonita Springs, FL 34134~~
TITLE	DST
NAME	Marcienne Tiebout-Touron
STREET ADDRESS	24301 Walden Center Dr., #300
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	
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CITY-ST-ZIP	

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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: _____ Marcienne Tiebout-Touron, 04/17/02 239-498-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer Date Daytime Phone #

CR2E037B (12/01)