

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000923

1. Entity Name

COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

% Guardian Property Mgmt

FILED

Jul 09, 2002 8:00 am  
Secretary of State

05-05-2002 90164 001 \*\*\*306.50

07-09-2002 90370 005 \*\*\*\*61.25

2. Principal Place of Business

425 Cove Tower Dr.

3. Mailing Address

6700 Lone Oak Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples FL

Zip

FL

Country

34110

Zip

34109

Country

4. FEI Number

65-1025296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVEN H  
24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

~~Guardian Property Management~~

Street

Guardian Property Management

6700 Lone Oak Blvd.

Naples, Florida 34109

City

Zip Code

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

4-22-02

FILE NOW: FEE IS \$61.25

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 PD  
NAME HANLON, CHRISTOPHER  
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE VD  
NAME DRUMMOND, PAUL B  
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE STD  
NAME HIMROD, MELANIE  
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Karen Winn  
STREET ADDRESS 430 Cove Tower Dr #1501  
CITY-ST-ZIP Naples, FL 34110 ☐ Change ☒ Addition

TITLE VP-D  
NAME John Davis  
STREET ADDRESS 420 Cove Tower Dr #1103  
CITY-ST-ZIP Naples, FL 34110 ☐ Change ☒ Addition

TITLE STD  
NAME Ralph Goldman  
STREET ADDRESS 45 Foxhill Road  
CITY-ST-ZIP Framingham, MA 01701 ☐ Change ☒ Addition

TITLE D  
NAME Ralph Papp  
STREET ADDRESS 425 Cove Tower Dr #801  
CITY-ST-ZIP Naples, FL 34110 ☐ Change ☒ Addition

TITLE D  
NAME Gerrald Zarella  
STREET ADDRESS 8 Cedar Rock Meadows  
CITY-ST-ZIP E Greenwich, RI 02818 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Karen Winn REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-25-02 239-514-7432

CR2E037 (9/01)