

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 004 ****61.25

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



Principal Place of Business
**425 COVE TOWER DR
NAPLES, FL 34110**

Mailing Address
**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134**

30041037

2. Principal Place of Business

3. Mailing Address
c/o Integrated Property Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3435 - 10th Street N., #201

City & State

City & State
Naples, FL

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1025296

Applied For
Not Applicable

Zip

Country

Zip

Country

34103

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

McClure, P.A., Robert W.

Street Address (P.O. Box Number is Not Acceptable)
3511 Bonita Bay Blvd.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-16-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **HAWKINS, JOHN**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **DV** ☐ Delete
NAME **LANGEL, ARTHUR**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **STD** ☒ Delete
NAME **TIEBOUT-TOURON, MARCIENNE**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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 **D** ☐ Change ☒ Addition
NAME **Erwin, Marty**
STREET ADDRESS **455 Cove Towers Dr., #1802**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **PD** ☒ Change ☐ Addition
NAME **Langel, Arthur**
STREET ADDRESS **445 Cove Towers Dr., #1703**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **TD** ☐ Change ☒ Addition
NAME **Schoemer, John**
STREET ADDRESS **445 Cove Towers Dr., #302**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **VD** ☐ Change ☒ Addition
NAME **Feldman, Bernard**
STREET ADDRESS **455 Cove Towers Dr., #302**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **SD** ☐ Change ☒ Addition
NAME **Eikos, Richard**
STREET ADDRESS **445 Cove Towers Dr., #802**
CITY-ST-ZIP **Naples, FL 34110**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR LANGEL - PRESIDENT 4/7/05 239-598-4474