


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 011 ****61.25

DOCUMENT # N00000000923 1. Entity Name COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 425 COVE TOWERS DR NAPLES, FL 34110			Mailing Address C/O INTEGRATED PORPPTY MANAGEMENT 3435 10TH STREET N., #201 NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc. 455 COVE TOWERS DR.		3. Mailing Address C/O Integrated Property Mgmt.			
City & State NAPLES, FL		City & State 3435 10th Street N., #201		4. FEI Number 65-1025296	
Zip 34110		Country Naples, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLURE, ROBERT W.P.A. 3511 BONITA BAY BLVD BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Becker & Potliakoff Greg Marler 4501 Tamiami Trail N. #214 Naples, FL 34103	
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 <u>Greg Marler, Esq., Becker & Potliakoff, P.A.</u> DATE <u>4-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGEL, ARTHUR 425 COVE TOWERS DR., #1703 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schoemer, John 445 Cove Tower Drive #302 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERWIN, MARTY 425 COVE TOWERS DR., #1802 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Langel, Arthur 445 Cove Tower Drive #1703 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOEMER, JOHN 425 COVE TOWERS DR., #302 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Erwin, Marty 455 Cove Tower Drive #1802 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDMAN, BERNARD 425 COVE TOWERS DR., #302 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Feldman, Bernard 455 Cove Tower Drive #1203 Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EIKOS, RICHARD 425 COVE TOWERS DR., #302 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Aibel, Susan 455 Cove Tower Drive #602 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.					
SIGNATURE: <u>[Signature]</u> 4/21/06 434-7447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					