

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91352 008 ****61.25

DOCUMENT # N00000000923

1. Entity Name

COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**425 COVE TOWER DR
NAPLES FL 34110**

Mailing Address

**C/O GUARDIAN PROPERTY MGMT
5700 ONE OAK BLVD
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Bonita Springs, FL 34134

Zip

Country

Zip

Country

34134

USA

4. FEI Number **65-1025296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUARDIAN PROPERTY MANAGEMENT
5700 ONE OAK BLVD
NAPLES FL 34109**

Name

Vivien N. Hastings

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

24301 Walden Center Drive

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

Vivien N. Hastings

Vivien N. Hastings

April 15, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WINN, KAREN	
STREET ADDRESS	430 COVE TOWER DR #1501	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	430 COVE TOWER DR #1103	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, RALPH	
STREET ADDRESS	45 FOXHILL ROAD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUPO, RALPH	
STREET ADDRESS	425 COVE TOWER DR #801	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZARELLA, GERRALD	
STREET ADDRESS	8 CEDAR ROCK MEADOWS	
CITY-ST-ZIP	E. GREENWICH RI 02818	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Longman

Longman Marcienne Tiebout-Touron 04/15/03 (239) 498-8605

CR2E037 (10/02)

Attachment # 80096293

ATTACHMENT TO 2003 UNIFORM BUSINESS REPORT
FOR
COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.
DOCUMENT #00000000923

11. Additions and Changes

Title: PD ☐ Change ☒ Addition

Name: Stefan O. Johansson

Street Address: 24301 Walden Center Drive

City-State-Zip: Bonita Springs, FL 34134

Title: VD ☐ Change ☒ Addition

Name: John Hawkins

Street Address: 24301 Walden Center Drive

City-State-Zip: Bonita Springs, FL 34134

Title: STD ☐ Change ☒ Addition

Name: Marcienne Tiebout-Touron

Street Address: 24301 Walden Center Drive

City-State-Zip: Bonita Springs, FL 34134