

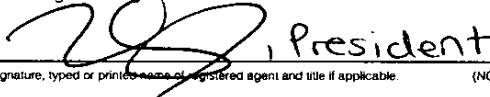
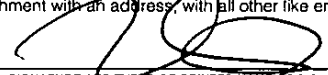


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90321 050 \*\*\*\*61.25

<b>DOCUMENT # N01000006255</b> 1. Entity Name <b>THE COVE OWNERS' ASSOCIATION, INC.</b>							
Principal Place of Business <b>3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b>			Mailing Address <b>3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b>				
2. Principal Place of Business <b>5220 Hood Road</b>		3. Mailing Address <b>5220 Hood Road</b>		  04042006 Chg-NP CR2E037 (11/05)  4. FEI Number <b>65-1138874</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>					
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>					
Zip <b>33418</b>		Zip <b>33418</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Gaeta, Neil J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5220 Hood Road</b> <b>Suite 100</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>			
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  <b>President</b> <span style="float: right;">4/4/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAETA, LOUIS A JR 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREZZA, ARLINE R 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 H00d Road, Suite 100 Palm Beach Gardens, Fl 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	<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 like empowered.							
SIGNATURE:  <span style="float: right;">4/4/06 (561) 627-4480</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>							