

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90077 027 ****61.25

DOCUMENT # N01000006255

1. Entity Name
THE COVE OWNERS' ASSOCIATION, INC.



Principal Place of Business
5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

Mailing Address
5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418



2. Principal Place of Business - No P.O. Box #
600 SANDTREE DRIVE

3. Mailing Address
600 SANDTREE DRIVE

Suite, Apt. #, etc.
SUITE 109

Suite, Apt. #, etc.
SUITE 109

01162007 Chg-NP CR2E037 (12/06)

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number
65-1138874

Applied For
Not Applicable

Zip
33403

Country
UNITED STATES

Zip
33403

Country
UNITED STATES

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

6. Name and Address of Current Registered Agent

GAETA, NEIL J
5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
CAPITAL REALTY ADVISORS, INC.

Street Address (P.O. Box Number is Not Acceptable)
600 SANDTREE DR. SUITE 109

City
PALM BEACH GARDENS

FL

Zip Code
33403

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 *Donna McDonald*

1/23/07

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

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
GAETA, NEIL J
5220 HOOD RD SUITE 100
PALM BEACH GARDENS, FL 33418

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
GAETA, LOUIS A JR
5220 HOOD RD SUITE 100
PALM BEACH GARDENS, FL 33418

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TREZZA, ARLINE R
5220 HOOD RD SUITE 100
PALM BEACH GARDENS, FL 33418

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LARRAINE ANNE HOENSHEID
2842 OLD CYPRESS NORTH
PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
HENRY SCHWARTZBERG
2836 OLD CYPRESS NORTH
PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
LISA MILLER
14036 OLD CYPRESS BEND
PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Lorraine Ann Hoensheid*

2-8-07

561 624-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #