

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006255

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE COVE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

600 SANDTREE DRIVE
SUITE 109
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

600 SANDTREE DRIVE
SUITE 109
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 65-1138874 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCDONALD, DONNA
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HOENSHEID, LAURAINA A
Address: 2842 OLD CYPRESS NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD () Delete
Name: SCHWARTZBERG, HENRY
Address: 2836 OLD CYPRESS NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: MILLER, LISA
Address: 14036 OLD CYPRESS NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BELKIN, MAURICE
Address: 1430 OLD CYPRESS BEND
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURAINA A HOENSHEID

PSTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date