2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009278

FILED Jun 29, 2005 Secretary of State

Entity Name: THE COVE HOMEOWNERS ASSOCIATION OF DEERFIELD BEACH, INC.

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|--|---|--|--|
| 1341 S.E. 4 DEERFIEL | TH ST. D BEACH, FL 33441 | | | |
| Current Mailing Address: | | New Mailing Address | : | |
| 1341 S.E. 4 DEERFIEL | ITH ST. D BEACH, FL 33441 | | | |
| | FEI Number Applied For (e with s. 607.193(2)(b), F.S., the corporation of | did not receive the prior notice. | Certificate of Status Desired (X) | |
| Name and | Address of Current Registered Agen | t: Name and Address of | New Registered Agent: | |
| ALLEN, DA 1341 S.E. 4 DEERFIEL | | | | |
| The above in the State | named entity submits this statement for of Florida. | the purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | E: | | | |
| | Electronic Signature of Registered | d Agent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete ALLEN, DALE 1341 S.E. 4TH ST. DEERFIELD BEACH, FL 33441 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VD () Delete LAVOIE, RAY 1109 S.E. 7TH CT. DEERFIELD BEACH, FL 33441 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: | TD () Delete KISER, KAREN 1520 S.E. 4TH CT. | Title: Name: Address: | () Change () Addition | |
| City-St-Zip: | DEERFIELD BEACH, FL 33441 | City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DALE ALLEN PD 06/29/2005