2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000009893

FILED May 24, 2004 8:00 am Secretary of State

04-29-2004 90270 009 ****61.25

MURRAY IŅC.	COVE	PROPERTY OWNE	RS ASSOCIATION,									
Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411			Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411				66423768					
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2. Principal Place of Business						I INDIANA AN I	16150 IIIM BENII 8810 88	III BRIN BRAN IRK	EL INITA ESTIMA UTI	HANT MA LINTO		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262004	Chg-NP	CR2E037	7 (10/03)		
City & State			City & State				4. FEI Number	7		XXXAp No	plied For t Applicable	
Žip .		Country	Zip	Çoı	intry		5. Certificate o	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
DROVAL IAMEO					Name	-Che	rvl-Y.	- Derry			.	
BROWN, JAMES 6823 VISTA PARKWAY NORTH					Street Ac			r is Not Acceptabl	(e)			
WEST PALM BEACH, FL 33411					-	682	23 Vista	a Parkwa	y Nor	th		
					City	West Palm Beach FL Zip Code 33411						
			the purpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of F	orida. I am fa			
the obligat	tions of regis	tered agent	_								,	
SIGNATURE Cheryl Y. Perry						rrv		4	26/04		l l	
SIGNATURE.												
SIGNATURE .	Signature, types	d or strinted serve of registered agent a			d Agent signetu		when reinstating)		DATE			
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12. I hereby certify that the information supplied with this filling 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 the 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 true certify that the information indicated on this report as it is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an abuses, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1

TITLE

NAME

STREET ADDRESS

Delete

Daniel F. Martell - DST - 4/26/04 - 561-684-7500

☐ Change

■ Addition