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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23329 (8)

1. Corporation Name

THE COVE AT BOCA WEST CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD #200 BOCA RATON FL 33486 US	5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088 US

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0026822 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISAACSON WILLIAM K
C/O LANG MANGEMENT
5295 TOWN CENTER RD, STE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROTHENSTEIN, ED		1.2 NAME		
STREET ADDRESS	20220 BOCA W DR, UNIT 103		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOHLER, SIDNEY		2.2 NAME		
STREET ADDRESS	20220 BOCA W DRIVE, UNIT 901		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	SCHLOSSMANN, ROBERT		3.2 NAME		
STREET ADDRESS	20220 BOCA W DRIVE, UNIT 803		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	V. PRESIDENT	☐ Change ☒ Addition
NAME	JOSEPH, FRANK E JR		4.2 NAME		
STREET ADDRESS	20220 BOCA WEST DR, UNIT 201		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TREASURER	☒ Change ☒ Addition
NAME	LEWIS, ALLEN		5.2 NAME		
STREET ADDRESS	20220 BOCA WEST DR. UNIT 204		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☒ Addition
NAME	IRVING LUBIN		6.2 NAME		
STREET ADDRESS	20220 BOCA WEST DR. UNIT 701		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045026