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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23329

1. Corporation Name

THE COVE AT BOCA WEST CONDOMINIUM, INC.

Principal Place of Business

5295 TOWN CENTER RD
#200
BOCA RATON FL 33486
US

Mailing Address

5295 TOWN CENTER RD
#200
BOCA RATON FL 33486
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/04/1987

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

T
NAME LEWIS, ALLEN
STREET ADDRESS 20220 BOCA WEST DR., UNIT 204
CITY-ST-ZIP BOCA RATON FL

SD
NAME KOHLER, SIDNEY
STREET ADDRESS 20220 BOCA W DRIVE, UNIT 901
CITY-ST-ZIP BOCA RATON FL

P
NAME SCHLOSSMANN, ROBERT
STREET ADDRESS 20220 BOCA W DRIVE, UNIT 803
CITY-ST-ZIP BOCA RATON FL

VP
NAME JOSEPH, FRANK E JR
STREET ADDRESS 20220 BOCA WEST DR, UNIT 201
CITY-ST-ZIP BOCA RATON FL

D
NAME STITZER, APUL
STREET ADDRESS 20220 BOCA WEST DR., #1001
CITY-ST-ZIP BOCA RATON FL 33434

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

CR2E037 (1/98)