

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23329

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** THE COVE AT BOCA WEST CONDOMINIUM, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 334861006 US

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 334861006 US

**New Mailing Address:**

**FEI Number:** 65-0026822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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: P  
Name: STITZER, PAUL  
Address: 20220 BOCA WEST DR, - # 1001  
City-St-Zip: BOCA RATON, FL 33434

Title: T  
Name: BERGMAN, NEIL  
Address: 20220 BOCA WEST DR, - # 203  
City-St-Zip: BOCA RATON, FL 33434

Title: S  
Name: EDELSTEIN, KAREN  
Address: 20220 BOCA WEST DR - #1601  
City-St-Zip: BOCA RATON, FL 33434

Title: VP  
Name: SAMBERG, SEYMOUR  
Address: 20220 BOCA WEST DR, - # 804  
City-St-Zip: BOCA RATON, FL 33434

Title: D  
Name: SCHLAKMAN, JERRY  
Address: 20220 BOCAWEST DR - #1804  
City-St-Zip: BOCA RATON, FL 33434

I hereby 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 all other like empowered.

SIGNATURE: NEIL BERGMAN

T

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date