2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # N24786 E COVE CONDOMINIUM AS	SSOCIATION, INC.				5-04-2006 90) ****61.2	:5
	e of Business NTA BARBARA P #202 , FL 33914	Mailing Address 506 SW 47TH TERR CAPE CORAL, FL 33914	US		4()0835ng			
2. Principal F	Place of Business	3. Mailing Address ROSSMAN Koally (toperty my m	H LLC					
4/5 (a	fe Coal Phuyw#3	Suite, Apt. #, etc. 4/5 CarpeCorce City & State	I lkioyw	#3	04042006 4. FEI Number	Chg-NP	CR2E0	37 (11/05)	plied For
Capel	Total FC	Cape Cora	u FL.		65-0123	167		No	t Applicable
339/	Country Country	33914	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and A	ddress of New R	egistered	Agent	
DRIFKA, E	BEVERLY FRY 21 SUNBELT REALTY		Street A	260	nifex (SNOT Acceptable			
506 SW 47	7TH TERRACE		ROSS'N	nin k	eatly more	ry mam	LIC		
CAPE CO	RAL, FL 33914		4/5	Cape	Con I PK	w/W#	3	Zio Code	
8 The above	nomed onthe submits this state of the	4		po (Lora 1		FL	- 1. 1/1/	K/
the obligation	a named entity submits this statement for tions of registered agent.	the purpose of changing its re	egisterea office of	registere	ed agent, or both,	in the State of Flo	vida. Iam	tamiliar with,	and accept
	which it has	1							
SIGNATURE	Signature typed or printed name of registated agent as	notitie / applicable. (NOTE:	Recistered Agent signati	ura required	when reinstation)		DATE	•	
SIGNATURE		T	Registered Agent signati				DATE		
	Signature typed or puried name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ake checi	k payable to	
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	_	\$5.00 May Be Added to Fees		ake checi da Depar	RECTORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE:

4906 139-542-8869

Jenath Manner GRATURE AND TYPED OR DIRECTOR

Daytime Phone #