FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

COVE HOMEOWNERS' ASSOCIATION. INC.

BLUE CC	KAL COVE HOMEOWI	EKS ABOUCIN	1101	,	2.10					
				-						
Principal Place of Business 23123 STATE ROAD 7 Mailing Address PO BOX 97-				9						
SUITE 3		BOCA RATO								
BOCA RATON, FL 33428 33497-0069						2 Days In accounted as Overlife	d 3a 0	ate of Last Re	enort	
USA						3. Date Incorporated or Qualifie	u 3a. D	ale or cast in	sport	
*		Ton Mailing Address		+		10/13/83 4. FEI Number			plied For	
2. Principal Pla	ice of Business	2a. Mailing Address				65-0117358		1	t Applicable	
21 Suite, Apt. #	etc	Suite, Apt. #, etc.		+		5. Certificate of Status Desired		\$8.75		
22	. Cito	27		1		5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00		
23		28	0	·		Trust Fund Contribution 8. This corporation has liability to	ar intensible		to Fees	
Zip	Country	Zip	Cou	rury		Florida Statutes	Yes		. 133.032,	
24	9. Name and Address of Current	<u> </u>	30]	1		10. Name and Address of New				
			81	Name						
PALOMBI GARY				82	Street Address (P.O. Box Number is Not Acceptable)					
23123 STATE ROAD 7				PE	Sirect	BEL Address (F.O. Box Humber is Not Nedephasia)				
SUITE 3				₿3					ŀ	
BOCA RA	ATON, FL 33428			B4	City		F=1	85 Zip	Code	
_				I: I	•		Fl	et abanaina i	to registered	
11. Pursuant t	o the provisions of Sections 617.0502	and 17.1508, Florida Statue	es, the al	bbve a bv	e-named of the corp	corporation submits this statement for the corporation's board of directors. I hereby accomb to	cept the ap	pointment as	registered	
agent. Far	n familiar with, and accept the obliga-	ions of Section 617.0503, Fo	orida Stat	tutes		3. 2		4/1/21	. 1	
CICNIATUDE			Ga.	L, Y	Pal	ombi required when reinstating)	DATE	111190	<u>'</u>	
12.	Signature Typed or printed name of registered agen OFFICERS AND	77	13.	UAge	itt aignature	ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTO	AS IN 12	
TITLE	President	DELETE	1.1 71	TLE		Director		☐ Change	Addition	
NAME	General William	MacDonald	1.2 N	AME	1	Edward Gorenstein	ı			
STREET ADDRESS	17210 Coral Cov		135	TREET	ADDRESS	17251 Coral Cove				
CHTY-ST-ZIP	Boca Raton, F1	33496	14C	-	T-ZIP	Boca Raton, Fl	33496	Change	Addition	
TITLE	Secretary/Treas	urer	2 1 T		1			ر دري		
NAME	Gerald Newman		2 2 N							
STREET ADDRESS	17161 Coral Cove Way			!	ADDRESS ST-ZIP					
CITY-ST-ZIP	Boca Raton, F1		31 T		31-21			Change	Addition	
TITLE NAME	Vice President			IAME		ماد الماد الم				
STREET ADDRESS	Martin Yudell		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	17290 Coral Cov		3.4	сфу.	ST-ZIP			[[C+	Laddition	
TITLE	Boca Raton, F1	33496 DELETE	4.1 3	ILE				Change	Addition	
NAME	Director			NAME						
STREET ADDRESS	Clifford Seresky			1	ADDRESS					
CiTY - ST - ZIP	17261 Coral Cove Way			\rightarrow	ST-ZIP			Change	Addition	
THLE	Boca Raton, F1 33496 DELETE			5.1 TITLE 5.2 NAME		4000019	302:	354		
NAME	Director			i	T ADDRESS	4000018 -05/01/960	11012	.011		
STREET ADDRESS	Harvey Gushner			1	ST-ZIP	***61.25				
CITY-ST-ZIP TITLE	17281 Coral Cov			TITLE				Change	Addition	
NAME	Boca Raton, F1	33496 DULLER	1	Name						
STREET ADDRESS	Director		63	STREE	1 ADDRESS					
	Alan Rubin	o Wax	64	CITY-	ST - ZIP			(9)(i.) Fin-i-d	Statutos I	
14. I do here	by certify that the information supplie	with this filing is voluntarily f	urnished	l jano	does no	bt qualify for the exemption stated in Set true and accurate and that my signature owered to execute this report as require	ction 119.07 e shall have	the same le	gal effect as if	
Turther ce	LINDO COR INTERNATION TICICATE O THE	ting all the appropriation of the re	ceiver or	17115	tee emne	owered to execute this report as require	d by Chapt	er 617, Florid	a statutes, and	

made under oath, that I am an officer or director of the corporation or the receiver or trustee empthat my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. GENERAL WILLIAM MACDONALD
Date

SC-11-30-96