2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90290 012 ****61.25

DOCUMENT # N33050

1. Entity Name

THE COVE APARTMENTS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
344 VENETIAN DRIVE DELRAY BEACH FL 33483-6840	344 VENETIAN DRIVE DELRAY BEACH FL 33483-6840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	344 VENETIAN DRIVE UNIT 2 Suite, Apt. #, etc.
City & State	DELRAY BEACH, FL City & State
Zip / Country	Zip: 33483 / Country: U.S.A.

4. FEI Number 65-0143007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS, H. TERRENCE 344 VENETINA DRIVE UNIT 3 DELRAY BEACH FL 34483	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MILLER, MARTIN V 344 VENETIAN DRIVE, UNIT 2 DELRAY BEACH FL 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGT, CATHERINE P 344 VENETIAN DRIVE, UNIT 1 DELRAY BEACH FL 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LYONS, H TERNECE 344 VENETIAN DRIVE, UNIT 3 DELRAY BEACH FL 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~PETER MORRISSETTE~~ ~~344 VENETIAN DRIVE UNIT 5~~ ~~DELRAY BEACH FL 33483~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER MORRISSETTE 344 VENETIAN DRIVE UNIT 5 DELRAY BEACH, FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DAVID ROSS~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID ROSS 344 VENETIAN DRIVE UNIT 4 DELRAY BEACH, FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: ~~MARTIN V MILLER~~ SIGNATURE MARTIN V MILLER 03/02/01 561-274-4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #