

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90327 043 *****70.00

DOCUMENT # N35219

1. Entity Name
THE COVES HOME FOR AGING, INC.



Principal Place of Business
% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258-1402

Mailing Address
% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258-1402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3100675

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALEVSKY, ELLIOTT
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **ROMO, DONALD**
STREET ADDRESS **1934 HIBERNIA CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **DP** ☐ Delete
NAME **PRICE, JACK**
STREET ADDRESS **11111 CHESTER LAKE RD. EAST**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **DT** ☐ Delete
NAME **SCHLESINGER, LOIS**
STREET ADDRESS **PO BOX 1740**
CITY-ST-ZIP **JACKSONVILLE, FL 32201**

TITLE **DS** ☒ Delete
NAME **GRAFF-RADFORD, MICHELLE**
STREET ADDRESS **8650 HOLLY RIDGE RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DS Shirley Bielski**
STREET ADDRESS **6708 La Loma Drive**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK PRICE

4/29/04

Date

Daytime Phone #

904 260 1818