
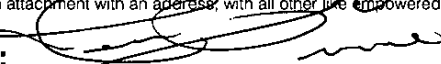


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90296 029 \*\*\*\*70.00

<b>DOCUMENT # N35219</b> 1. Entity Name <b>THE COVES HOME FOR AGING, INC.</b>					
Principal Place of Business <b>% ELLIOTT PALEVSKY</b> <b>11401 OLD ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE, FL 32258-1402</b>				Mailing Address <b>% ELLIOTT PALEVSKY</b> <b>11401 OLD ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE, FL 32258-1402</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOETZ, MARTIN A</b> <b>11401 OLD ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE, FL 32258</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMO, DONALD		NAME	LISSNER, MICHAEL	
STREET ADDRESS	1934 HIBERNIA CT.		STREET ADDRESS	3614 Cathedral Oaks Pl. N	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, JACK		NAME		
STREET ADDRESS	11111 CHESTER LAKE RD. EAST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLESINGER, LOIS		NAME		
STREET ADDRESS	PO BOX 1740		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32201		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIELSKI, SHIRLEY		NAME		
STREET ADDRESS	6708 LALOMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Jack Price</b>		
			Date <b>4/27/05</b> Daytime Phone # <b>260-1818</b>		