

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35219

FILED
Apr 18, 2006
Secretary of State

Entity Name: THE COVES HOME FOR AGING, INC.

Current Principal Place of Business:

% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 322581402

New Principal Place of Business:

Current Mailing Address:

% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 322581402

New Mailing Address:

FEI Number: 59-3100675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOETZ, MARTIN A
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ROMO, DONALD
Address: 1934 HIBERNIA CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: DP () Delete
Name: PRICE, JACK
Address: 11111 CHESTER LAKE RD. EAST
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT () Delete
Name: SCHLESINGER, LOIS
Address: PO BOX 1740
City-St-Zip: JACKSONVILLE, FL 32201

Title: DS () Delete
Name: BIELSKI, SHIRLEY
Address: 6708 LALOMA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete
Name: LISSNER, MICHAEL
Address: 3614 CATHODRAL OAKS PL N
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LAFER, DENNIS
Address: 13124 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV (X) Change () Addition
Name: SCHLESINGER, LOIS
Address: PO BOX 1740
City-St-Zip: JACKSONVILLE, FL 32201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: LISSNER, MICHAEL
Address: 3614 CATHODRAL OAKS PL N
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LISSNER

DP

04/18/2006

Electronic Signature of Signing Officer or Director

Date