2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N35219

Entity Name: THE COVES HOME FOR AGING, INC.

Current Principal Place of Business:

% MARTIN GOETZ
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 322581402

New Principal Place of Business:

Current Mailing Address:

% MARTIN GOETZ
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: DT ( ) Delete
Name: LAFER, DENNIS
Address: 13124 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV ( ) Delete
Name: SCHLESINGER, LOIS
Address: 300 N. HOGAN STREET, SUITE 11-150
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 04/02/2009
Electronic Signature of Signing Officer or Director — Date