

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35219

FILED
Mar 30, 2010
Secretary of State

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: PD
Name: ROMO, DONALD
Address: 1934 HIBERNIA CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD
Name: LAFER, DENNIS
Address: 13124 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: TD
Name: BIELSKI, SHIRLEY
Address: 6708 LA LOMA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD
Name: PRICE, MICHAEL
Address: 9139 MARGOLYN COURT
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: DONALD ROMO

PD

03/30/2010

Electronic Signature of Signing Officer or Director

Date