


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90034 040 ****61.25

DOCUMENT # N35287		
1. Entity Name PALM COVE PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business 2115 SE OCEAN BLVD STUART, FL 34996 US	Mailing Address 2115 SE OCEAN BLVD STUART, FL 34996 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40060535

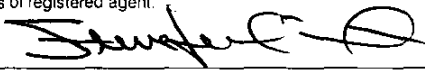


02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0161146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALONE, JOSEPH D 6085 FOUNTAIN PALM DR JUPITER, FL 33458		7. Name and Address of New Registered Agent Name STEVE LEIBOVICH Street Address (P.O. Box Number is Not Acceptable) 18585 LAKESIDE GARDENS DR. City JUPITER FL Zip Code 33458	
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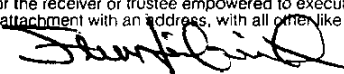
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **STEVE LEIBOVICH, PRESIDENT** 3/21/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, STEPHEN 18621 LAKESIDE GARDENS DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEIBOVICH, STEVEN 18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIBURZI, ALLAN 18549 LAKESIDE GARDENS DR JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, JOSEPH 6085 FOUNTAIN PALM DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, ROBERT 6072 FOUNTAIN PALM DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED LOCKE 6041 FOUNTAIN PALM DR JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, ANNE K 18633 LAKESIDE GARDEN DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID DREYER 18610 LAKESIDE GARDENS DR. JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALLAN TIBURZI 18549 LAKESIDE GARDENS DR. JUPITER, FL 33458 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **STEVE LEIBOVICH, PRES** 3/21/07 561-743-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #