

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 048 ****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		
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	4. FEI Number 65-0161146	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEIBOVICH, STEVE 18585 LAKESIDE GARDENS DR JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>					
Filing Fee is \$61.25 Due by May 1, 2008		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			
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY QUINN, BOB 6025 FOUNTAIN PALM DR JUPITER FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIBOVICH, STEVEN 18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEIBOVICH, STEVEN 18585 LAKESIDE GARDENS DR JUPITER FL 33458	
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	TREASURER TIBURZI, ALLAN 18549 LAKESIDE GARDENS DR JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKE, FRED 6041 FOUNTAIN PALM DR JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEE, KEN 6036 FOUNTAIN PALM DR JUPITER FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, DAVID 18610 LAKESIDE GARDENS DR JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DREYER, DAVID 18610 LAKESIDE GARDENS DR JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIBURRI, ALLAN 18549 LAKESIDE GARDENS JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/20/08 Daytime Phone # 561-744-08		