

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45502**

1. Entity Name  
**COVE MANAGEMENT COMPANY OF DEERFIELD BEACH**



Principal Place of Business  
**1609 SE 3RD CT  
DEERFIELD BEACH, FL 33441 US**

Mailing Address  
**1609 SE 3RD CT  
DEERFIELD BEACH, FL 33441 US**



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0336075**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BRUNO, FRAN  
1609 SE 3RD CT  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HILL, WM JOSEPH
STREET ADDRESS	313 SE 15TH TER
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D
NAME	BRUNO, FRAN
STREET ADDRESS	1609 SE 3RD COURT
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D
NAME	BAUER, JOHN
STREET ADDRESS	1194 N. OCEAN BLVD. (HILLSBORO BCH, FL
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D
NAME	SOUSA, ROBERT
STREET ADDRESS	1680 SE THIRD CT.
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000520994  
05/02/06-80116-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Fran Bruno / Fran Bruno  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06  
Date

954 781-6247  
Daytime Phone #