


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N45502 1. Entity Name COVE MANAGEMENT COMPANY OF DEERFIELD BEACH |  |
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|---|---|
| Principal Place of Business 1609 SE 3RD CT DEERFIELD BEACH, FL 33441 US | Mailing Address 1609 SE 3RD CT DEERFIELD BEACH, FL 33441 US |
|---|---|



01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0336075 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent BRUNO, FRAN 1609 SE 3RD CT DEERFIELD BEACH, FL 33441 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILL, WM JOSEPH 313 SE 15TH TER DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUNO, FRAN 1609 SE 3RD COURT DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAUER, JOHN 1194 N. OCEAN BLVD.(HILLSBORO BCH, FL DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOUSA, ROBERT 1680 SE THIRD CT. DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/03/07-80055-005 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 2/9/07 954 781-6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #