

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004630

Entity Name: C/HP COVE, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1500 SOUTHERN CROSS LANE
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

1090 VERMONT AVENUE, N.W.
SUITE 400
WASHINGTON, DC 20005 US

New Mailing Address:

122 EAST 42ND STREET
SUITE 3605
NEW YORK, NY 10168 US

FEI Number: 52-1949584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DP () Delete
Name: MEHRETAB, GHEBRE S
Address: 1090 VERMONT AVENUE., N.W. SUTIE 400
City-St-Zip: WASHINGTON, DC 20005

Title: DV () Delete
Name: CORBETT, JOHN
Address: 319 CLEMATIS STREET, SUITE 409
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVS () Delete
Name: WIEDORFER, JOSEPH P
Address: 1090 VERMONT AVE., N.W., SUITE 400
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEHRETAB, GHEBRE S
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMS G. VACCARO

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date