

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002056

FILED  
Mar 22, 2010  
Secretary of State

**Entity Name:** COVE TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MGMT, INC  
3435 10TH STREET N, #201  
NAPLES, FL 34103 US

**New Principal Place of Business:**

C/O INTEGRATED PROPERTY MGMT, INC  
5020 TAMiami TRAIL NO., STE 206  
NAPLES, FL 34103 US

**Current Mailing Address:**

C/O INTEGRATED PROPERTY MGMT, INC  
3435 10TH STREET N, #201  
NAPLES, FL 34103 US

**New Mailing Address:**

C/O INTEGRATED PROPERTY MGMT, INC  
5020 TAMiami TRAIL NO., STE 206  
NAPLES, FL 34103 US

**FEI Number:** 59-3478199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMOUCÉ, ROBERT C  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109 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  
Name: MCCABE, BILL  
Address: 430 COVE TOWERS DR, #1103  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: KRUSE, EDWARD  
Address: 425 COVE TOWER DR., #604  
City-St-Zip: NAPLES, FL 34110

Title: DT  
Name: RUSSO, DEBORAH  
Address: 425 COVE TOWER DR., #501  
City-St-Zip: NAPLES, FL 34110

Title: DS  
Name: DEROLF, THOMAS  
Address: 430 COVE TOWER DR. #701  
City-St-Zip: NAPLES, FL 34110

Title: DAL  
Name: BASILE, MIKE  
Address: 430 COVE TOWER DR., #402  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: BILL MCCABE

DP

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date