

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90400 015 \*\*\*\*61.25

DOCUMENT # N97000004816

1. Entity Name

COVE AT THE LANDINGS LAKE ASSOCIATION, INC.



Principal Place of Business

115 NW 167TH STREET  
SUITE 300  
N. MIAMI BEACH FL 33169  
US

Mailing Address

115 NW 167TH STREET  
SUITE 300  
N. MIAMI BEACH FL 33169  
US

2. Principal Place of Business

3. Mailing Address

Suite One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

Suite One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

Zip

Zip



MOORE

CR2E037 (11/03)

4. FEI Number

65-0811796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHAR, SABY  
115 NW 167TH STREET  
SUITE 300  
N. MIAMI BEACH FL 33169

Name

Street Address (acceptable)

One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 DP  
NAME JARVIS, BRUCE ☐ Delete  
STREET ADDRESS 115 NW 167TH STREET, SUITE 300  
CITY-ST-ZIP N. MIAMI BEACH FL 33169

TITLE  
NAME One SE 3rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS Suite 3100  
CITY-ST-ZIP Miami, FL 33131

TITLE DV  
NAME TRACY, GRANVIL ☐ Delete  
STREET ADDRESS 115 NW 167TH STREET, SUITE 300  
CITY-ST-ZIP N. MIAMI BEACH FL 33169

TITLE  
NAME One SE 3rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS Suite 3100  
CITY-ST-ZIP Miami, FL 33131

TITLE DVST  
NAME BEHAR, SABY ☐ Delete  
STREET ADDRESS 115 NW 167TH STREET, SUITE 300  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE  
NAME One SE 3rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS Suite 3100  
CITY-ST-ZIP Miami, FL 33131

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANVIL TRACY

4/27/04

Date

(305) 654-1500

Daytime Phone #