

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 029 ****61.25

DOCUMENT # N98000003154

1. Entity Name
THE COVE HOMEOWNERS ASSOCIATION OF NAPLES, INC.



Principal Place of Business
**C/O INTERGRATED PROPERTY MGMT
3435 10TH STREET N. 201
NAPLES, FL 34103**

Mailing Address
**C/O INTERGRATED PROPERTY MGMT
3435 10TH STREET N. 201
NAPLES, FL 34103**

40007400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0844044

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SAMOUCE, ROBERT C
5405 PARK CENTRAL COURT
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WEINBERG, VALERIE
5517 COVE CIRCLE
NAPLES, FL 34119**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BISOGNO, ELLEN
5513 COVE CIR
NAPLES, FL 34119**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CONOVER, KIRSTEN
5787 COVE CIR
NAPLES, FL 34119**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONTI, ANTHONY
5762 COVE CIRCLE
NAPLES, FL 34119**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Young, Donna
5433 Cove Circle
Naples, FL 34119**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Weinberg, Valerie
5517 Cove Circle
Naples, FL 34119**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Conti, Anthony
5762 Cove Circle
Naples, FL 34119**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Valerie R. Weinberg 239-598-4207 5287