

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90036 005 \*\*\*\*61.25

<b>DOCUMENT # N98000003154</b>					
<b>1. Entity Name</b> THE COVE HOMEOWNERS ASSOCIATION OF NAPLES, INC.					
<b>Principal Place of Business</b> C/O INTERGRATED PROPERTY MGMT 3435 10TH STREET N. STE 201 NAPLES, FL 34103			<b>Mailing Address</b> C/O INTERGRATED PROPERTY MGMT 3435 10TH STREET N. STE 201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0844044				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NAPLES-LAWDOCK, INC. 1395 PANTHER LANE STE 300 NAPLES, FL 34109			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> YOUNG, DONNA <b>STREET ADDRESS</b> 5433 COVE CIRCLE <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> WEINBERG, VALERIE <b>STREET ADDRESS</b> 5517 COVE CIRCLE <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> CONOVER, KIRSTEN <b>STREET ADDRESS</b> 5787 COVE CIR <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Conover, Kirsten <b>STREET ADDRESS</b> 5787 Cove Circle <b>CITY-ST-ZIP</b> Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CONTI, ANTHONY <b>STREET ADDRESS</b> 5762 COVE CIRCLE <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Conti, Anthony <b>STREET ADDRESS</b> 5762 Cove Circle <b>CITY-ST-ZIP</b> Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CONTI, ANTHONY <b>STREET ADDRESS</b> 5762 COVE CIRCLE <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> Bowen, Tracy <b>STREET ADDRESS</b> 5401 Cove Circle <b>CITY-ST-ZIP</b> Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Valerie Weinberg</u>			Date: <u>4-16-08</u> Daytime Phone #: <u>239-598-5287</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					