2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED

May 06, 2008 8:00 am Secretary of State

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1. Entity Name
THE COVE HOMEOWNERS ASSOCIATION OF NAPLES,

INC.						
CVO INTERGRATED PROPERTY MGMT CVO II 3435 10TH STREET N. STE 201 3435		Mailing Address CVO INTERGRATED PRO 3435 10TH STREET N. NAPLES, FL 34103		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RATA DA HARA
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address		iii ka li al ii alii alia iik iiaa; a lii al	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008 Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0844044		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Des	ired \$8.75 Ad Fee Require	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of N	lew Registered Agent	
			Name			
1395 PANT STE 300	AWDOCK, INC. THER LANE		Street Address	s (P.O. Box Number is Not Acce	ptable)	
NAPLES, F	-L 34109					
I			City		FL Zip Cox	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State	e of Florida. I am familiar with	, and accept
SIGNATURE .						
	Signature, typed or printed name of registered age	int and tide if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	DATE	
	Signature, typed of printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Ca	E: Registered Agent algorature requiring impaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	
	Filing Fee Is \$61.25	9. Election Cal Trust Fund (mpaign Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	itate
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May Be	Make check payable Florida Department of S	itate
-	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Cal Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S FFICERS AND DIRECTORS II	N 10
10. TITLE	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND E	9. Election Car Trust Fund (mpaign Financing Contribution. 11.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S FFICERS AND DIRECTORS II	N 10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D YOUNG, DONNA	9. Election Car Trust Fund (mpaign Financing Contribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Make check payable Florida Department of S FFICERS AND DIRECTORS II	N 10
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D YOUNG, DONNA 5433 COVE CIRCLE	9. Election Cai Trust Fund (DIRECTORS	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check payable Florida Department of S FFICERS AND DIRECTORS II	N 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND E D YOUNG, DONNA 5433 COVE CIRCLE NAPLES, FL 34119 PD	9. Election Car Trust Fund (mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable Florida Department of \$ FFICERS AND DIRECTORS II	N 10 Addition
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND E D YOUNG, DONNA 5433 COVE CIRCLE NAPLES, FL 34119	9. Election Cai Trust Fund (DIRECTORS	Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Make check payable Florida Department of \$ FFICERS AND DIRECTORS II	N 10 Addition
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND E D YOUNG, DONNA 5433 COVE CIRCLE NAPLES, FL 34119 PD WEINBERG, VALERIE	9. Election Cai Trust Fund (DIRECTORS	Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check payable Florida Department of \$ FFICERS AND DIRECTORS II	N 10 Addition
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP