

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003154

FILED
Apr 28, 2010
Secretary of State

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

Current Principal Place of Business:

C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0844044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, PA
999 VANDERBILT BEACH BLVD
#501
NAPLES, FL 34108 US

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: BECKER POLIAKOFF

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WEINBURG, VALERIE
Address: 5517 COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: CONTI, ANTHONY
Address: 5762 COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: S
Name: CONOVER, KIRSTEN
Address: 5787 COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: T
Name: YOUNG, DONNA
Address: 5433 COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D
Name: BOWEN, TRACY
Address: 5401 COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

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: COMPASS GROUP

MGR

04/28/2010

Electronic Signature of Signing Officer or Director

Date