

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000004136

1. Entity Name  
THE COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
C/O MIAMI MGMT.  
1145 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323 US

Mailing Address  
C/O MIAMI MGMT.  
1145 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323 US



03282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0856223

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KATZMAN & KORR  
1501 NW 49TH STREET  
SUITE 202  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CROUSER, HENRY  
STREET ADDRESS 13734 SOUTH GARDEN COVE CIRCLE  
CITY-ST-ZIP DAVIE, FL 33325

TITLE VTD  
NAME DIAMOND, MARTY  
STREET ADDRESS 14154 N CYPRESS COVE  
CITY-ST-ZIP DAVIE, FL 33325

TITLE SD  
NAME DEVITO, VERONICA  
STREET ADDRESS 375 W. CYPRESS COVE CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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04/24/07-80131-015 61.25

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

3/31/07

Date

954 846 7545

Daytime Phone #