FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 025 ****70.00

410646 - 90029 - 45

3. Date incorporated or Qualifed

10/06/1998

4. FEI Number

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DOCU	MENT	# 1	198	0000	05709

1. Corporation Name

THE COVE FOUNDATION, INC.

Principal Place of Business						
101900 OVERSE. KEY LARGO FL		HWA	Y			
			- ·	٠	.:	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

POST OFFICE BOX 870 KEY LARGO FL 33037

2a. Mailing Address

Suite, Apt. #, etc.

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27

	Other Contra	City & State					\$8.75 Ac	Iditional		
23	City & State	28	7 ·		1	5. Certifcate of Status Desired	<u>×</u>	Fee Req		
	Zip Country	Zip	Cour	ıtry		6. Election Campaign Financing \$5			\$5.00 May Be	
24	25	29	30	30		Trust Fund Contribution		Added to	Fees	ı
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered A	gent		ŀ
_			-	81	Name				:	
	BORGUSS, ERICH F MR.		ŀ	82	Street Addres			,		
	101900 OVERSEAS HIGHWAY			\Box						_
KEY LARGO FL 33037			-	83						ı
		F1 P4/00 1 F 00001			City			85 Zip Co	ode	
	•		l l	84			FL_			
11	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
	office or registered agent, or both, in the State of Floridal Statutes, are abover-tames corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE										-
L.	Signature, typed or printed name of registered agent s		TE: Registered	Agent	signature required w	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12	90/
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SIGNATURE:

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agrual 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 12 or Block 13 if changes for on an attachment with an address, with all other like empowered. RECERTATION SORGUSS

Applied For

Not Applicable