

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33050

Entity Name: COVE 4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

344 VENETIAN DR
DELRAY BEACH, FL 33483

Current Mailing Address:

C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

FEI Number: 65-0143007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA SKYLINE MANAGEMENT
C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 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: KARLA RAMIREZ

04/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	AXELROD, NORMAN	Name	TATELMAN, BARRY
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY	Address	C/O FLORIDA SKYLINE MANAGEMENT
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	VP	Title	SECRETARY
Name	EDWARDS, DANIEL	Name	HERTRICH, REBECCA
Address	C/O FLORIDA SKYLINE MANAGEMENT	Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428

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: AXELROD , NORMAN

PRESIDENT

04/02/2023

Electronic Signature of Signing Officer/Director Detail

Date