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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746876 (2)
 1. Corporation Name
COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4905 ALT. 19 NORTH PALM HARBOR FL 34683 US	Mailing Address C/O COMMUNITY MANAGEMENT SVCS., INC. 8406 MASSACHUSETTS AVE., STE. B-3 NEW PORT RICHEY FL 34653
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3. Date Incorporated or Qualified 04/24/1979	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2685890	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 8406 Massachusetts Avenue		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite B-3		
City & State 23	City & State 28 New Port Richey, FL		
Zip 24	Country 25	Zip 29 34653	Country 30 USA

9. Name and Address of Current Registered Agent

JOHNSON, KIM
C/O COMMUNITY MANAGEMENT SERVICES, INC.
8406 MASSACHUSETTS AVENUE, SUITE B-3
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 Florida. Such change was authorized by the 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SORTINO, JOHN	
STREET ADDRESS	4805 ALT. 19 NORTH #216	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KLINGLER, LULA	
STREET ADDRESS	4805 ALT. 19 NORTH #111	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GANAS, JAMES	
STREET ADDRESS	1717 GRAND CENTRAL DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerry Brownfield	
1.3 STREET ADDRESS	4805 Alt 19 N., #612	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
2.1 TITLE	Vice President/Director/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gladys Holmes	
2.3 STREET ADDRESS	4805 Alt. 19 N., #217	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
3.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ruth C. Vienneau	
3.3 STREET ADDRESS	4805 Alt 19 N., #313	
3.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herb Roth	
4.3 STREET ADDRESS	4805 Alt. 19 N., #611	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Warren Law	
5.3 STREET ADDRESS	2967 Harrisburg Rd.	
5.4 CITY-ST-ZIP	Stony Creek, NY 12878	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Virginia Hart	
6.3 STREET ADDRESS	4805 Alt 19 N., #523 five	
6.4 CITY-ST-ZIP	Palm Harbor, FL 34683	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 changed, or on an attachment with an address.

SIGNATURE REQUIRED *Gladys E. Holmes* 1/27/98 (813) 847-3482

CR2E037 (10/97)