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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 4805 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
	8406 Massachusetts Avenue Suite B-3 New Port Richey, FL 34653 USA

3. Date Incorporated or Qualified 04/24/1979
4. FEI Number 59-2685890
Applied For <input type="checkbox"/> Not Applicable
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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Director Gerry Brownfield 4805 Alt 19 N., #612 Palm Harbor, FL 34683
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President/Director/Treas Gladys Holmes 4805 Alt. 19 N., #217 Palm Harbor, FL 34683
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Director Ruth C. Vienneau 4805 Alt 19 N., #313 Palm Harbor, FL 34683
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Herb Roth 4805 Alt. 19 N., #611 Palm Harbor, FL 34683
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Warren Law 2967 Harrisburg Rd. Stony Creek, NY 12878
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Virginia Hart 4805 Alt 19 N., #523 five 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)(i), 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: **Lady E. Holm** 1/27/98 (813) 847-3482

CR2E037 (10/97)