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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

03-01-1999 90115 042 \*\*\*\*61.25

DOCUMENT # 746876

1. Corporation Name

COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4805 ALT. 19 NORTH PALM HARBOR FL 34683 US

Mailing Address

8406 MASSACHUSETTS AVENUE SUITE B-3 NEW PORT RICHEY FL 34653 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/24/1979

4. FEI Number

59-2685890

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD BROWNFIELD, GERRY 1.2 NAME 4805 ALT. 19 N., #612 1.3 STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP

2.1 TITLE VPDT HOLMES, GLADYS 2.2 NAME 4805 ALT. 19 N., #217 2.3 STREET ADDRESS PALM HARBOR FL 34683 2.4 CITY-ST-ZIP

3.1 TITLE D GANAS, JAMES 3.2 NAME 1717 GRAND CENTRAL DRIVE 3.3 STREET ADDRESS TARPON SPRINGS FL 34689 3.4 CITY-ST-ZIP

4.1 TITLE SD VIENNEAU, RUTH C. 4.2 NAME 4805 ALT. 19 N., #313 4.3 STREET ADDRESS PALM HARBOR FL 34683 4.4 CITY-ST-ZIP

5.1 TITLE D LAW, WARREN 5.2 NAME 2967 HARRISBURG RD. 5.3 STREET ADDRESS STONY CREEK NY 12878 5.4 CITY-ST-ZIP

6.1 TITLE D HART, VIRGINIA 6.2 NAME 4805 ALT. 19 N #523 6.3 STREET ADDRESS PALM HARBOR FL 34683 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Gerry Brownfield 1.2 NAME 4805 Alt 19 N., #612 1.3 STREET ADDRESS Palm Harbor, FL 34683 1.4 CITY-ST-ZIP

2.1 TITLE VPD Gladys Holmes 2.2 NAME 4805 Alt 19 N., #217 2.3 STREET ADDRESS Palm Harbor, FL 34683 2.4 CITY-ST-ZIP

3.1 TITLE STD Lula T. Klingler 3.2 NAME 4805 Alt 19 N., #111 3.3 STREET ADDRESS Palm Harbor, FL 34683 3.4 CITY-ST-ZIP

4.1 TITLE D John Pucci 4.2 NAME 4805 Alt 19 N., #525 4.3 STREET ADDRESS Palm Harbor, FL 34683 4.4 CITY-ST-ZIP

5.1 TITLE D Warren Law 5.2 NAME 2967 Harrisburg Rd. 5.3 STREET ADDRESS Stony Creek, NY 12878 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Lula T. Klingler 2/26/99 (727)-847-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)