

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746876

1. Entity Name

COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90226 002 ****61.25

Principal Place of Business

Mailing Address

4805 ALT. 19 NORTH
 PALM HARBOR FL 34683
 US

8406 MASSACHUSETTS AVENUE
 SUITE B-3
 NEW PORT RICHEY FL 34653-3130
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2685890

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWNFIELD, GERRY	
STREET ADDRESS	4805 ALT. 19 N., #612	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, GLADYS	
STREET ADDRESS	4805 ALT. 19 N., #217	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	STD.	<input type="checkbox"/> Delete
NAME	KLINGLER, LULA T	
STREET ADDRESS	4805 ALT 19 N. #111	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUCCI, JOHN	
STREET ADDRESS	4805 ALT 19 N. #111	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAW, WARREN	
STREET ADDRESS	2967 HARRISBURG RD.	
CITY-ST-ZIP	STONY CREEK NY 12878	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HART, VIRGINIA	
STREET ADDRESS	4805 ALT. 19 N #523	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Pucci	
STREET ADDRESS	4805 Alt 19 N., #525	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard King	
STREET ADDRESS	4805 Alt 19 N., #412	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Ushman	
STREET ADDRESS	4805 Alt 19 N., #325	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lula T. Klingler	
STREET ADDRESS	4805 Alt 19 N., #111	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conella Galeazzi	
STREET ADDRESS	4805 Alt 19 N., #117	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Law	
STREET ADDRESS	2967 Harrisburg Road	
CITY-ST-ZIP	Stony Creek, NY 12878	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 (727) 847-3482

CR2E037 (9/99)

#746876

831699

Director
Charles Primm
P.O. Box 270533
Tampa, FL 33688

Addition