

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

4805 ALT. 19 NORTH
PALM HARBOR FL 34683
US

Mailing Address

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

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 ☒ Delete
NAME BROWNFIELD, GERRY
STREET ADDRESS 4805 ALT. 19 N., #612
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE President ☒ Change ☐ Addition
NAME John Pucci
STREET ADDRESS 4805 Alt 19 N., #525
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE VPD ☒ Delete
NAME HOLMES, GLADYS
STREET ADDRESS 4805 ALT. 19 N., #217
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE Vice President ☐ Change ☒ Addition
NAME Howard King
STREET ADDRESS 4805 Alt 19 N., #412
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE STD. ☐ Delete
NAME KLINGLER, LULA T
STREET ADDRESS 4805 ALT 19 N. #111
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE Secretary ☐ Change ☒ Addition
NAME Judith Ushman
STREET ADDRESS 4805 Alt 19 N., #325
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D ☐ Delete
NAME PUCCI, JOHN
STREET ADDRESS 4805 ALT 19 N. #111
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE Treasurer ☒ Change ☐ Addition
NAME Lula T. Klingler
STREET ADDRESS 4805 Alt 19 N., #111
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D ☐ Delete
NAME LAW, WARREN
STREET ADDRESS 2967 HARRISBURG RD.
CITY-ST-ZIP STONY CREEK NY 12878

TITLE Director ☐ Change ☒ Addition
NAME Conella Galeazzi
STREET ADDRESS 4805 Alt 19 N., #117
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D ☒ Delete
NAME HART, VIRGINIA
STREET ADDRESS 4805 ALT. 19 N #523
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE Director ☐ Change ☐ 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