

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 037 ****61.25

DOCUMENT # 746876	
1. Entity Name COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 4805 ALT. 19 NORTH PALM HARBOR, FL 34683 US	Mailing Address 3684 TAMPA RD SUITE 106 OLDSMAR, FL 34677 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2685890	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALBRAITH, CHARLA J 3684 TAMPA RD SUITE 106 OLDSMAR, FL 34677		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAILY, JULIE 4805 ALT 19 WORTH, #724 PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARRIS, FRANCES VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP YATES, PAMELA 4805 ALT 19 NORTH #715 PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIOT, LILLIAN STD <input type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLVIN, NINA 4805 ALT 19 NORTH #311 PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBE, MARY ALICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYWOOD, JOE 9220 EAST BC AVENUE RICHLAND, MI 49083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaywood, Joe PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, MARY ANN 791 HARRISBURG RD STONY CREEK, NY 12878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPIE, PATRICIA 4805 ALT 19 NORTH #323 PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORLEY, CONSTANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joe Kaywood</i>	3-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date

40054138

