2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746876

FILED Jan 12, 2012 Secretary of State

Entity Name: COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4805 ALT 19

PALM HARBOR, FL 34683 US

Current Mailing Address: New Mailing Address:

P. O. BOX 181 P. O. BOX 181

OZONA, FL 34660 US OZONA, FL 346600181 US

FEI Number: 59-2685890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EICHAR, LYNN 1723 INDIAN ROCKS ROAD BELLEAIR, FL 33756 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD

Name: GARRIS, FRANCES Address: 4805 ALT 19 #721

City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD

 Name:
 ROSS, STEVEN

 Address:
 1407 VERMONT AVENUE

 City-St-Zip:
 TARPON SPRINGS, FL 34689 US

Title: VPD

Name: KING, HOWARD Address: 4805 ALT 19 #412

City-St-Zip: PALM HARBOR, FL 34683 US

Title:

Name: LAW, MARY ANN Address: 791 HARRISBURY RD

City-St-Zip: STONEY CREEK, NY 12878 US

Title: [

Name: MERILLI, ROBERT J

Address: 100 SOUTH BECKHAM DRIVE #3C

City-St-Zip: ALTOONA, PA 16602 US

Title: PD

Name: COLVIN, NINA Address: 4805 ALT 19 #311

City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN ROSS SD 01/12/2012