

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 041 ****61.25

DOCUMENT # N02000008179	
1. Entity Name THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business C/O PRIDE HOMES BY GARCO LLC 9485 SUNSET DR STE A-295 MIAMI, FL 33173	Mailing Address C/O PRIDE HOMES BY GARCO LLC 9485 SUNSET DR STE A-295 MIAMI, FL 33173
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54035160



2. Principal Place of Business 12448 S.W. 127 Avenue Suite, Apt. #, etc.		3. Mailing Address 12448 SW 127 Avenue Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country	Zip 33186	Country

02272004 Chg-NP CR2E037 (10/03)

4. FEI Number 14-1865872		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUPFER, PAUL H 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	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 SPANNO, KIM M 9485 SUNSET DR STE A-295 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12448 SW 127 Avenue MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIERRA, FELIX 9485 SUNSET DR STE A-295 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12448 S.W. 127 Avenue MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARCIA, GENE 9485 SUNSET DR STE A-295 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12448 S.W. 127 Ave MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	President 3/1/04 305-969-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #