


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90080 012 \*\*\*\*61.25

<b>DOCUMENT # N02000008179</b>					
1. Entity Name THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3718 VIA RINCIANS DR SUITE 9 LAKE WORTH, FL 33467			Mailing Address 3718 VIA RINCIANS DR SUITE 9 LAKE WORTH, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GELAND, MICHAEL J 1555 PB LAKES BLVD, STE 1220 WEST PALM BEACH, FL 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLGER, RON		NAME	LYNN CARTEE	
STREET ADDRESS	3478 BRIAR BAY BLVD, # 206		STREET ADDRESS	3486 BRIAR BAY BLVD # 205	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COATEC, LYNN		NAME	VIRGINIA RASKIN	
STREET ADDRESS	3486 BRIAR BAY BLVD, # 205		STREET ADDRESS	3490 BRIAR BAY BLVD # 206	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	PST	<input checked="" type="checkbox"/> Delete	TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAILU, DIANA		NAME	MARIA LEONE	
STREET ADDRESS	3490 BRIAR BAY BLVD, # 206		STREET ADDRESS	3490 BRIAR BAY BLVD # 201	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON, MARIO		NAME	ROBERT MONDONE	
STREET ADDRESS	3490 BRIAR BAY BLVD, # 206		STREET ADDRESS	3496 BRIAR BAY BLVD # 102	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOUDER, ROBERT		NAME	DONNA ASHCRAFT	
STREET ADDRESS	3496 BRIAR BAY, #102		STREET ADDRESS	3486 BRIAR BAY BLVD # 106	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lynn Cartee</u>			Date: <u>24 JAN 06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40000



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 14-1865872 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Due by May 1, 2006

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