2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721110

Entity Name: COVERED BRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7290 COVERED BRIDGE BLVD.
LAKE WORTH, FL 33467

Current Mailing Address:

C/O SEACREST SERVICES, INC.
2400 CENTREPARK W. DR., SUITE 175
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1395003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILKS, DONALD
7290 COVERED BRIDGE BLVD
LAKE WORTH, FL 33467 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: DONALD MILKS   04/11/2014

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	DIRECTOR		Title	T
Name	GOODMAN, SAMUEL		Name	KAPLOW, JEAN
Address	572 LACONIA CR		Address	316B CAPE COD CIRCLE
City-State-Zip:	LAKE WORTH FL 33067		City-State-Zip:	LAKE WORTH FL 33467
Title	VP		Title	DIRECTOR
Name	BROOKS, SUSAN		Name	DICKERMAN, ARNOLD
Address	234 DOWN EAST LANE		Address	750A NANTUCKET CIRCLE
City-State-Zip:	LAKE WORTH FL 33467		City-State-Zip:	LAKE WORTH FL 33467
Title	SECRETARY		Title	D
Name	AULT-MCLAREN, LINDA		Name	GOREL, LINDA
Address	695 MARLBORO OVAL		Address	887 WORCESTER LANE
City-State-Zip:	LAKE WORTH FL 33467		City-State-Zip:	LAKE WORTH FL 33467
Title	PRESIDENT			
Name	MILKS, DONALD			
Address	375B LACONIA CIRCLE			
City-State-Zip:	LAKE WORTH FL 33467			

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: DONALD MILKS   PRESIDENT   04/11/2014

Electronic Signature of Signing Officer/Director Detail   Date