## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746876** 

Entity Name: COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 26, 2017 **Secretary of State** CC4452206321

## **Current Principal Place of Business:**

40347 US HWY 19 N **SUITE 129** 

TARPON SPRINGS, FL 34689

## **Current Mailing Address:**

40347 US HWY 19 N **SUITE 129** 

TARPON SPRINGS, FL 34689 US

FEI Number: 59-2685890 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PROACTIVE PROPERTY MANAGEMENT 40347 US HWY 19 N **SUITE 129** TARPON SPRINGS, FL 34689 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: PATRICK KOCHENOUR 04/26/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** Name CARRIGAN, CHELETTE Name ROSS, STEVEN

40347 US HWY 19 N 40347 US HWY 19 N Address Address **SUITE 129** 

**SUITE 129** 

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

Title **DIRECTOR** Title VΡ

Name MERILLI, ROBERT Name GREENE, DAVID Address 40347 US HWY 19 N Address 40347 US HWY 19 N

**SUITE 129 SUITE 129** 

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR Title **SECRETARY** 

LAW, MARY ANN WILLIAMS, ALAUNDA Name Name 40347 US HWY 19 N 40347 US HWY 19 N Address Address

**SUITE 129 SUITE 129** 

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

Title **DIRECTOR** 

Name MORLEY, CONSTANCE

Address 40347 US HWY 19 N **SUITE 129** 

TARPON SPRINGS FL 34689 City-State-Zip:

above, or on an attachment with all other like empowered.

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

04/26/2017 SIGNATURE: STEVEN ROSS **MANAGER**