## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746876** 

Entity Name: COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 20, 2016 **Secretary of State** CC3122842823

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

2445 TAMPA ROAD

SUITE B

PALM HARBOR, FL 34683

## **Current Mailing Address:**

C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B PALM HARBOR, FL 34683 US

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

## Name and Address of Current Registered Agent:

**BAY MANAGEMENT INC** C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B PALM HARBOR, FL 34683 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: WALTER R SIEG 04/20/2016

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER, SECRETARY Title **PRESIDENT** 

Name GARRIS, FRAN Name ROSS, STEVEN

C/O BAY MANAGEMENT INC C/O BAY MANAGEMENT INC Address Address 2445 TAMPA ROAD SUITE B 2445 TAMPA ROAD SUITE B

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title D Title VΡ

Name MERRELLI, BOB Name GREENE, DAVID

Address C/O BAY MANAGEMENT INC Address C/O BAY MANAGEMENT INC

2445 TAMPA ROAD SUITE B 2445 TAMPA ROAD SUITE B

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR

LAW, MARY ANN III Name

C/O BAY MANAGEMENT INC Address

2445 TAMPA ROAD SUITE B

City-State-Zip: PALM HARBOR FL 34683

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.

04/20/2016 SIGNATURE: STEVEN ROSS **PRESIDENT**