

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746876

**Entity Name:** COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4805 ALT 19  
PALM HARBOR, FL 34683

**Current Mailing Address:**

P. O. BOX 181  
OZONA, FL 34660-0181 US

**FEI Number: 59-2685890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EICHAR, LYNN  
1723 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name GARRIS, FRANCES  
Address 4805 ALT 19 #721  
City-State-Zip: PALM HARBOR FL 34683

Title VPD  
Name ROSS, STEVEN  
Address 1407 VERMONT AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name LAW, MARY ANN  
Address 791 HARRISBURY RD  
City-State-Zip: STONEY CREEK NY 12878

Title PD  
Name PETERSEN, ROY D  
Address 2503 JOINER COURT  
City-State-Zip: DECATUR GA 30033-4912

Title SD  
Name BARBE, CHARLES III  
Address 128 COLLINGWOOD DRIVE  
City-State-Zip: ROCHESTER NY 14621

*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: FRANCES GARRIS**

**TD**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date