

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746876

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

**Current Principal Place of Business:**

2445 TAMPA ROAD  
SUITE B  
PALM HARBOR, FL 34683

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC9800986401**

**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**

**04/02/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MERILLI, ROBERT  
Address        C/O BAY MANAGEMENT INC  
                  2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title           PRESIDENT  
Name           ROSS, STEVEN  
Address        C/O BAY MANAGEMENT INC  
                  2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title           D  
Name           LAW, MARY ANN  
Address        C/O BAY MANAGEMENT INC  
                  2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title           VP  
Name           PETERSEN, ROY D  
Address        C/O BAY MANAGEMENT INC  
                  2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title           SD  
Name           BARBE, CHARLES III  
Address        C/O BAY MANAGEMENT INC  
                  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.*

**SIGNATURE: STEVEN ROSS**

**P**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date