

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008179

**Entity Name:** THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309 LAKE  
LAKE WORTH , FL 33463**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309 LAKE  
LAKE WORTH , FL 33463 US**FEI Number:** 14-1865872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SJW LAW GROUP, PLLC  
12300 SOUTH SHORE BLVD STE 202  
WELLINGTON, FL 33414-6202 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            TREASURER  
Name           FERRARO , JOSEPHINE  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
                  LAKE  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name           WALSH, ANDREW  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
                  LAKE  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name           LIBREA, DONNA  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
                  LAKE  
City-State-Zip: LAKE WORTH FL 33463

Title            PRESIDENT  
Name           GILLESPIE, SABRINA  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
                  LAKE  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name           CHRISTENSEN , CHERYL  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
                  LAKE  
City-State-Zip: LAKE WORTH FL 33463

*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:** SABRINA GILLESPIE**PRESIDENT****03/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date