

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90156 003 ****61.25

DOCUMENT # 746876

1. Entity Name

COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4805 ALT. 19 NORTH
 PALM HARBOR FL 34683
 US**

Mailing Address

**8406 MASSACHUSETTS AVENUE
 SUITE B-3
 NEW PORT RICHEY FL 34653
 US**

2. Principal Place of Business

3. Mailing Address

8056 Old C.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

4. FEI Number

59-2685890

Applied For

Not Applicable

Zip

Country

Zip

Country

34653

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KIM
 C/O COMMUNITY MANAGEMENT SERVICES, INC.
 8406 MASSACHUSETTS AVENUE, SUITE B-3
 NEW PORT RICHEY FL 34653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **PUCCI, JOHN**
 STREET ADDRESS **4805 ALT 19 N #525**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **P** ☐ Change ☐ Addition
 NAME **John Pucci**
 STREET ADDRESS **4805 Alt 19 N., #525**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **D** ☒ Delete
 NAME **GALEAZZI, CONELLA**
 STREET ADDRESS **4805 ALT 19 N #117**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **V** ☐ Change ☒ Addition
 NAME **Howard King**
 STREET ADDRESS **4805 Alt 19 N., #412**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **T** ☒ Delete
 NAME **KLINGLER, LULA T**
 STREET ADDRESS **4805 ALT 19 N. #111**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **T** ☐ Change ☒ Addition
 NAME **Margaret Stapleton**
 STREET ADDRESS **4805 Alt 19 N., #423**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **D** ☐ Delete
 NAME **PUCCI, JOHN**
 STREET ADDRESS **4805 ALT 19 N. #111**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **S** ☐ Change ☒ Addition
 NAME **Charles Primm**
 STREET ADDRESS **P.O. Box 270553**
 CITY-ST-ZIP **Tampa, FL 33688**

TITLE **D** ☐ Delete
 NAME **LAW, WARREN**
 STREET ADDRESS **2967 HARRISBURG RD.**
 CITY-ST-ZIP **STONY CREEK NY 12878**

TITLE **D** ☐ Change ☐ Addition
 NAME **Warren Law**
 STREET ADDRESS **2967 Harrisburg Rd**
 CITY-ST-ZIP **Stony Creek, NY 12878**

TITLE **S** ☒ Delete
 NAME **USHMAN, JUDITH**
 STREET ADDRESS **4805 ALT 19 N #325**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Pucci 4-25-01 (727) 375-9880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment

838898
Doc. # 746876

We moved - our new address...



Community Management Services, Inc.

8056 Old C.R. 54

New Port Richey, FL 34653