2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90221 006 ****61.25

DOCUMENT # 746876

1. Entity Name

COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

50019945

Principal Place of Business	Mailing Address
4805 ALT. 19 NORTH PALM HARBOR FL 34683 US	3974 TAMPA RD. SUITE C OLDSMAR FL 34677 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2685890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALBRAITH, CHARLA J
C/O HERITAGE PROPERTY MANAGEMNENT, INC.
3974 TAMPA RD., SUITE C
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLINGER, LULA T 4805 ALT 19 N #111 PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, HOWARD 4805 ALT 19 N., #412 PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT Garry Brownfield 4805 Alt 19 N #612 Palm Harbor, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLALOCK, GLORIA 4805 ALT 19 #621 PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MERILLI, ROBERT 1524 MONROE AVE ALTOONA PA 16602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PATSALIDES, HARRY 70 WILLOWOOD WAY OLDSMAR FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Mrs.~~ Law, Mary Ann 791 Harrisburg Rd. Stony Creek, N.Y. 12878	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIMM, CHARLES P.O. BOX 270553 TAMPA FL 33688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition

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: Lula T. Klinger 2/28/05 (813) 925-8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #