


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90455 030 ****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
**3974 TAMPA RD.
 SUITE C
 OLDSMAR, FL 34677 US**

50015445

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
3684 Tampa Rd
 Suite, Apt. #, etc.
Suite 104
 City & State
Oldsmar, FL
 Zip
34677
 Country
Pineellas



03292006 Chg-NP CR2E037 (11/05)

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 MANAGEMENT, 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)
3684 Tampa Rd, Suite 104
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	KLINGER, LULA T	4805 ALT 19 N #111	PALM HARBOR, FL 34683	<input checked="" type="checkbox"/>
DT	BROWNFIELD, GERRY	4805 ALT 19N. #612	PALM HARBOR, FL 34683	<input checked="" type="checkbox"/>
DS	BLALOCK, GLORIA	4805 ALT 19 #621	PALM HARBOR, FL 34683	<input checked="" type="checkbox"/>
D	MERILLI, ROBERT	1524 MONROE AVE	ALTOONA, PA 16602	<input checked="" type="checkbox"/>
D	LOW, MARY ANN	791 HARRISBURG RD	STONY CREEK, NY 12878	<input type="checkbox"/>
D	PRIMM, CHARLES	P.O. BOX 270553	TAMPA, FL 33688	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D/P	James M. Barker	4805 ALT 19 N #125	Palm Harbor FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/P	Scott Singer	743 Litchfield Lane	Dunedin, FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/S	Nina Colvin	4805 ALT 19N, # 311	Palm Harbor, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/H	Harry Patsalides	70 Willowood Lane	Oldsmar, FL 34677	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mary Ann Law	791 Harrisburg Rd.	Stony Creek, N.Y. 12878	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Frances Garris	4805 ALT 19N, # 721	Palm Harbor, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] **3-29-2006** **727432/485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #