# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2007 8:00 am**
**Secretary of State**
04-09-2007 90074 016 ****61.25

DOCUMENT # 746876

1. Entity Name
COVE SPRINGS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4805 ALT. 19 NORTH<br>PALM HARBOR, FL 34683 US | 3684 TAMPA RD<br>SUITE 106<br>OLDSMAR, FL 34677 US |

02242007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| GALBRAITH, CHARLA J<br>3684 TAMPA RD<br>SUITE 106<br>OLDSMAR, FL 34677 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 | DP<br>BARLEAR, JAMES M<br>4805 ALT 19 NORTH #125<br>PALM HARBOR, FL 34683 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Sister~~ DP<br>Julie Daily<br>4605 Alt 19 North, # 724<br>Palm Harbor, FL 34683 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SINGER, SCOTT<br>743 LITCHFIELD LN<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>Pamela Yates<br>4605 Alt 19 North, # 715<br>Palm Harbor, FL 34683 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>COLVIN, NINA<br>4805 ALT 19 NORTH #311<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PATSALIDES, HARRY<br>70 WILLOWOOD LN<br>OLDSMAR, FL 34677 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Joe Kaywood<br>9220 East BC Avenue<br>Richland, MI 49083 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAW, MARY ANN<br>791 HARRISBURG RD<br>STONY CREEK, NY 12878 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARRIS, FRANCES<br>4805 ALT 19 NORTH #721<br>PALM HARBOR, FL 34683 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Patricia Lippie<br>4605 ALT 19 North, # 323<br>Palm Harbor FL 34683 | ☐ Change ☒ Addition |

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:** Pamela Yates 4-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #