2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2007 8:00 am
Secretary of State
05-16-2007 90017 003 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N02000008179

1. Entity Name

THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3718 VIA RINCIANS DR SUITE 9 LAKE WORTH FL 33467	3718 VIA RINCIANS DR SUITE 9 LAKE WORTH FL 33467

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10191 W. Sample Rd	J+L Property Mgmt Inc
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.: 10191 W. Sample Rd Suite 203
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number: 14-1865872 ☐ 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
GELAND, MICHAEL J 1555 PB LAKES BLVD, STE 1220 WEST PALM BEACH FL 33401	Name: James Calderazzo Street Address (P.O. Box Number is Not Acceptable): 10191 W. Sample Rd. Suite 203 City: Coral Springs FL Zip Code: 33065

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: _____ 6/22/07
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, 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 CARTEE, LYNN 3486 BRIAR BAY BLVD #205 WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Alicia Summers 3800 N. Jog Road #202 WPB, FL 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RASKIN, VIRGINIA 3490 BRIAR BAY BLVD #206 WEST PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Christine Bright 3512 Briar Bay Blvd., #105 WPB, FL 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LEONE, MARIA 3490 BRIAR BAY BLVD #201 WEST PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Lucia Escobar 3750 N. Jog Road #201 WPB, FL 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.R.EASURER MONDONE, ROBERT 3496 BRIAR BAY BLVD #102 WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mondone, Robert 3496 Briar Bay Blvd, #102 WPB, FL 33411	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHCRAFT, DONNA 3486 BRIAR BAY BLVD #106 WEST PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lynn B Cartee LYNN B. CARTEE 30APR07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #