

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N02000008179 1. Entity Name THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10191 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065			Mailing Address J & L PROPERTY MGMT INC. 10191 W. SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1865872	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDERAZZO, JAMES 10191 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065				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 not owner. (NOTE: Registered Agent signature is required when restate.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	UN000000885439 04/18/08-20014-001 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIGHT, CHRISTINA 3512 BRIAR BAY BLVD #105 WEST PALM BEACH FL 33411	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCOBAR, LUCIA 3750 N. JOG RD #201 WEST PALM BEACH FL 33411	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONDONE, ROBERT 3496 BRIAR BAY BLVD #102 WEST PALM BEACH FL 33411	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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**

27 MAR 08

954-868-5455