

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 712143

**Entity Name:** COOPERATIVE LIVING ORGANIZATION, INC.

**Current Principal Place of Business:**

117 N.W. 15TH STREET  
GAINESVILLE, FL 32603

**Current Mailing Address:**

117 N.W. 15TH STREET  
GAINESVILLE, FL 32603

**FEI Number:** 59-0205245

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHARPE, HUNTER  
9 RICHFIELD LANE  
PALM COAST, FL 32164 US

*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.*

**SIGNATURE:** HUNTER SHARPE

05/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title HOUSE MANAGER

Name DUARTE, ANTONIO

Address 117 N.W. 15TH STREET

City-State-Zip: GAINESVILLE FL 32603

Title VP

Name MENDOZA, CAMERON

Address 117 N.W. 15TH STREET

City-State-Zip: GAINESVILLE FL 32603

Title PRESIDENT

Name ARTHINGTON, ANNE MARIE

Address 117 N.W. 15TH STREET

City-State-Zip: GAINESVILLE FL 32603

Title OPERATIONS COMMITTEE MEMBER

Name PALEY, ISAAC

Address 4243 SPRING OAK DR.

City-State-Zip: CHARLOTTE NC 28208

Title PROPERTY MANAGER

Name SHARPE, HUNTER

Address 9 RICHFIELD LANE

City-State-Zip: PALM COAST FL 32164

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HUNTER SHARPE

PROPERTY MANAGER

05/08/2023

Electronic Signature of Signing Officer/Director Detail

Date