

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732187

Entity Name: COVE CAY VILLAGE I ASSOCIATION, INC.**Current Principal Place of Business:**5901 US HIGHWAY
SUITE 7Q
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5901 US HIGHWAY
SUITE 7Q
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2512295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY
SUITE 7Q
NEW PORT RICHEY, FL 34652 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:** MARY BURNARD

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HENDRIX, BETTY
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name CELOVSKY, JOE
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name BUTZ, KEITH
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name FOCA, DOMINIC
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIR
Name CHANNELS, STEVE
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name COPENHAVER, MICHAEL
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name COZZINI, CONNIE
Address 5901 US HIGHWAY
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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: BETTY HENDRIX

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date