### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753385** 

Entity Name: THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.

FILED Apr 04, 2017 Secretary of State CC5378984731

# **Current Principal Place of Business:**

3960 LAKE MIRA DR ORLANDO, FL 32817

## **Current Mailing Address:**

P O BOX 1804

GOLDENROD, FL 32733

FEI Number: 26-2670784 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MCKNIGHT, DAVID C 3960 LAKE MIRA DR. ORLANDO, FL 32817 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: DAVID MCKNIGHT 04/04/2017

Title

**PRES** 

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

VΡ

Title

Name	TARR, RON	Name	CHAMBERS, BUDDY
Address	4064 LAKE MIRA DR.	Address	4101 LAKE MIRA DR

City-State-Zip: ORLANDO FL 32817 City-State-Zip: ORLANDO FL 32817

Title D Title DIRECTOR

 Name
 SMITH, KEVIN
 Name
 REYES, KRISTEN

 Address
 8536 SIDON ST.
 Address
 3936 LAKE MIRA DR.

 City-State-Zip:
 ORLANDO FL 32817
 City-State-Zip:
 ORLANDO FL 32817

Title DIRECTOR Title TREASURER

NameFORKENBROCK, RALPHNameMCKNIGHT, DAVID CAddress4125 LAKE MIRA DR.Address3947 LAKE MIRA DR.City-State-Zip:ORLANDO FL 32817City-State-Zip:ORLANDO FL 32817

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: DAVID MCKNIGHT

Electronic Signature of Signing Officer/Director Detail

04/04/2017