

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753385

**Entity Name:** THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.**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:**BUHRMANN, ROBERT  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	TARR, RON
Address	4064 LAKE MIRA DR.
City-State-Zip:	ORLANDO FL 32817

Title	VP
Name	CHAMBERS, BUDDY
Address	4101 LAKE MIRA DR
City-State-Zip:	ORLANDO FL 32817

Title	T
Name	BUHRMANN, ROBERT
Address	3960 LAKE MIRA CT.
City-State-Zip:	ORLANDO FL 32817

Title	S
Name	GEILS, JENNIFER
Address	3947 LAKE MIRA DR.
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	SMITH, KEVIN
Address	8536 SIDON ST.
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	KAMMER, RAY
Address	8530 SIDON ST
City-State-Zip:	ORLANDO FL 32817

Title	DIRECTOR
Name	REYES, KRISTEN
Address	3936 LAKE MIRA DR.
City-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: ROBERT BUHRMANN****TREASURER****01/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date