

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

DOCUMENT# 754309

**Entity Name:** CROWN COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3009 E. CERVANTES ST  
PENSACOLA, FL 32503

**Current Mailing Address:**

3009 E. CERVANTES ST  
PENSACOLA, FL 32503 US

**FEI Number:** 59-2745987

**Certificate of Status Desired:** No

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

DODSON, DAVID B  
3009 E. CERVANTES ST  
PENSACOLA, FL 32503 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 DODSON, DAVID  
Address 1709 E GONZALEZ ST  
City-State-Zip: PENSACOLA FL 32501

Title V, AND TREASURER  
Name SPATCH, CHARLES  
Address 613 CROWN COVE DR  
City-State-Zip: PENSACOLA FL 32501

Title D  
Name BARR, CAMILE  
Address 601 CROWN COVE DR  
City-State-Zip: PENSACOLA FL 32501

Title D  
Name SPATCH, TONI  
Address 615 CROWN COVE DR  
City-State-Zip: PENSACOLA FL 32501

Title D  
Name PEDE, LAWRENCE  
Address 17 WEST LARUA ST.  
City-State-Zip: PENSACOLA FL 32501

*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 B. DODSON

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date