

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765655

**Entity Name:** OCEAN COVE HOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

150 OCEAN COVE DR  
JUPITER, FL 33477

**Current Mailing Address:**

C/O HARBOR MANAGEMENT  
641 UNIVERSITY BLVD. STE. 205  
JUPITER, FL 33458 US

**FEI Number:** 59-2344834

**Certificate of Status Desired:** No

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

HARBOR MANAGEMENT OF SOUTH FLORIDA, INC.  
641 UNIVERSITY BLVD.  
STE. 205  
JUPITER, FL 33458 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:** PAMELA ADAMS

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WHALEN, IRENE  
Address        C/O HARBOR MANAGEMENT  
                  641 UNIVERSITY BLVD. STE. 205  
City-State-Zip: JUPITER FL 33458

Title            VP  
Name            VANIK, JOHN  
Address        C/O HARBOR MANAGEMENT  
                  641 UNIVERSITY BLVD. STE. 205  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            SOLOMON, BARBARA  
Address        C/O HARBOR MANAGEMENT  
                  641 UNIVERSITY BLVD. STE. 205  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            CONBOY, MARK  
Address        C/O HARBOR MANAGEMENT  
                  641 UNIVERSITY BLVD. STE. 205  
City-State-Zip: JUPITER FL 33458

Title            ASST. SECRETARY  
Name            GILES, GLENDA  
Address        C/O HARBOR MANAGEMENT  
                  641 UNIVERSITY BLVD. STE. 205  
City-State-Zip: JUPITER FL 33458

*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:** IRENE WHALEN

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date