

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768391

Entity Name: YACHTSMANS COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909**Current Mailing Address:**COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 US**FEI Number:** 59-2489698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPASS ROSE MANAGEMENT
COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 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:** TOSH TRICAS

03/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ALLEN, SCOTT
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT
Name TUCKER, NED
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name JINDRA, CINDY
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name GERHART, HERB
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name BONE, BILL
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

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: NED TUCKER

PRESIDENT

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date