

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01296

Entity Name: CAV HOMEOWNERS COOPERATIVE, INC**Current Principal Place of Business:**39333 BLUE SKYE DRIVE
ZEPHYRHILLS, FL 33542**Current Mailing Address:**39333 BLUE SKYE DRIVE
ZEPHYRHILLS, FL 33542**FEI Number:** 59-2515418**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNELL, VALARIE
39333 BLUE SKYE DR.
ZEPHYRHILLS, FL 33542 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:** VALARIE SNELL

02/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT
Name JOHNSTONE, LEELAND E
Address 6231 BALMY LN
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name SCHUAB, PETER
Address 39249 HOMECREST DR.
City-State-Zip: ZEPHYRHILLS FL 33542

Title PRESIDENT
Name SNELL, VALARIE
Address 6235 QUALITY LANE
City-State-Zip: ZEPHYRHILLS FL 33542

Title SECRETARY
Name BROWN, ERBAN
Address 6307 PARKSEND
City-State-Zip: ZEPHYRHILLS FL 33542

Title TREASURER
Name HORTON, VIRGIL
Address 6239 WATERFRONT LN.
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name BROWN, MICHIEL
Address 6253 BALMY LN.
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name MCDANIEL, DON
Address 39248 DONIGIAN
City-State-Zip: ZEPHYRHILLS FL 33542

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: VALARIE SNELL

PRESIDENT

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date