

2023 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:**SCHAUB, PETER
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:** PETER SCHAUB

02/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY
Name SNELL, VALARIE
Address 6320 WEALTHY LANE
City-State-Zip: ZEPHYRHILLS FL 33542

Title VP
Name FARMER, MARK
Address 39320 HOMECREST DR.
City-State-Zip: ZEPHYRHILLS FL 33542

Title TREASURER
Name RAYMOND, GREG
Address 39233 HOMECREST DR.
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name RITTER, JIM
Address 6321 FRIENDSHIP LN.
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name SWILER, DENNIS
Address 6327 FRIENDSHIP LN.
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: GREG RAYMOND

TREASURER

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date