

**2019 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

02/20/2019

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 LN.  
City-State-Zip: ZEPHYRHILLS FL 33542

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

Title DIRECTOR  
Name MCDANIEL, DON  
Address 39248 DONIGIAN  
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

*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

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date