

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02843

Entity Name: COVE CAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702**Current Mailing Address:**C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE 301
ST. PETERSBURG, FL 33702 US**FEI Number:** 59-2512284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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:** JOHN HENSLEY

04/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHRIVER, PAT
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name FERRIOLA, JOHN
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name SCHMIDT, KAREN
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name CASSIDY, RICHARD
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name FEAR, SALLY
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name HENDRIX, ELIZABETH
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name COHN, STEVEN
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name IRWIN, BILL
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

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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: PAT SHRIVER

PRESIDENT

04/27/2019

Officer/Director Detail Continued :

Title DIRECTOR
Name SHRIVER, BILL
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name BURNETT, NANCY
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702