

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008463

Entity Name: COVE ISLE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**459 NW PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983**Current Mailing Address:**459 NW PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983 US**FEI Number:** 20-2489564**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE AND BONAN, PA
789 S FEDERAL HIGHWAY,
SUITE 101
STUART,, FL 34994 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:** JACOB ENSOR

03/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JOHNSON, MARK
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	VP
Name	EDELMAN, DANIEL
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TREASURE
Name	BOWERS, RON
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	SECRETARY
Name	BOROWICK, WILLIAM
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	DIRECTOR
Name	SECHRIST, MARK
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

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: MARK JOHNSON

PRESIDENT

03/24/2017

Electronic Signature of Signing Officer/Director Detail

Date