

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008463

Entity Name: COVE ISLE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**543 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST. LUCIE, FL 34986**Current Mailing Address:**543 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST. LUCIE, FL 34986**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

02/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GRUNER, LEON
Address 543 NW LAKE WHITNEY PLACE,
SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title VP, SECRETARY
Name LEWIS, ATANYA
Address 543 NW LAKE WHITNEY PLACE
SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title T
Name BOWER, RONALD
Address 543 NW LAKE WHITNEY PLACE,
SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name CLARKE, ANDREW
Address 543 NW LAKE WHITNEY PLACE
SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name HENDERSON, BARBARA
Address 543 NW LAKE WHITNEY PLACE
SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

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: LEON GRUNER

PRESIDENT

02/01/2015

Electronic Signature of Signing Officer/Director Detail

Date