2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0400002553

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

#### **Current Principal Place of Business:**

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

## **Current Mailing Address:**

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 US

### FEI Number: 20-2233700

DEBOEST, RICHARD 2030 MCGREGOR BLVD FORT MYERS, FL 33901 US

### Name and Address of Current Registered Agent:

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:	RICHARD DEBOEST		
	Electronic Signature of Registered Agent		

City-State-Zip: CLEARWATER FL 33762

DIRECTOR

BRISCOE, WILLIAM

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260

CLEARWATER FL 33762

Title

Name

Address

City-State-Zip:

Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	KOLSUN, JOBY	Name	BUDA, CATALIN	
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260	Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260	
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762	
Title	TREASURER, SECRETARY	Title	DIRECTOR	
Name	PETTINATO, RICHARD	Name	SHELBOURNE, KURT	
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260	Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260	

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.

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 28, 2023 Secretary of State 3153182844CC

Certificate of Status Desired: No

City-State-Zip: CLEARWATER FL 33762

04/28/2023 Date

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