

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007248

**Entity Name:** COLEE COVE LANDING HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2023**  
**Secretary of State**  
**4706405412CC**

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY - STE. 404  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3545 ST. JOHNS BLUFF RD. S., #301  
JACKSONVILLE, FL 32224 US

**FEI Number: 20-1446031**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLOMGREN, DAWN  
11555 CENTRAL PARKWAY - STE. 404  
JACKSONVILLE, FL 32224 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: DAWN BLOMGREN**

**01/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CRIST, TREY  
Address 3545 ST. JOHNS BLUFF RD. S., #301  
City-State-Zip: JACKSONVILLE FL 32224

Title PRESIDENT  
Name YENCARELLI, DAVID  
Address 3545 ST. JOHNS BLUFF RD. S., #301  
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER  
Name TRAW, DAVID  
Address 3545 ST. JOHNS BLUFF RD. S., #301  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name DEWITT, JOHN  
Address 3545 ST. JOHNS BLUFF RD. S., #301  
City-State-Zip: JACKSONVILLE FL 32224

*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: DAVID YENCARELLI**

**PRESIDENT**

**01/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date