

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010536

**Entity Name:** THE COVE AT ISLES AT BAYSHORE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC1879281359**

**Current Principal Place of Business:**

5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126 US

**FEI Number: 20-3665717**

**Certificate of Status Desired: No**

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

ASSOCIATION LAW GROUP, P.L.  
1200 BRICKELL AVENUE  
SUITE 2000  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name VAZQUEZ, MELISSA  
Address 21864 SW 93 PATH  
City-State-Zip: CUTLER BAY FL 33190

Title VP  
Name JO, ANA  
Address 21864 SW 93 PATH  
City-State-Zip: CUTLER BAY FL 33190

Title S/T  
Name COON, MARGARET D  
Address 21864 SW 93 PATH  
City-State-Zip: CUTLER BAY FL 33190

*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: MELISSA VAZQUEZ**

**PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date