2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001531

Entity Name: COVE POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

338 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

Current Mailing Address:

P.O. BOX 534
PANAMA CITY, FL 32402 US

FEI Number: 20-4305962

Name and Address of Current Registered Agent:

WILLIAMS, JACK
502 HARMON AVE
PANAMA CITY, FL 32401 US

Certificate of Status Desired: No

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: JACK WILLIAMS   04/29/2021

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	D, VP		Title	TREASURER
Name	BRELAND, HENRY		Name	DYE, JANICE L
Address	1167 COVE POINTE DRIVE		Address	1139 COVE POINTE DRIVE
City-State-Zip:	PANAMA CITY FL 32401		City-State-Zip:	PANAMA CITY FL 32401
Title	D		Title	D, S
Name	SPENCER, ROGER		Name	NEUBAUER, THOMAS S
Address	2827 JOAN AVENUE B		Address	608 SHORELINE DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408		City-State-Zip:	PANAMA CITY FL 32404
Title	ASST. SECRETARY		Title	PRESIDENT
Name	DYE, JOHN E		Name	CLAUSSEN, CRAIG
Address	1139 COVE POINTE DR.		Address	1158 COVE POINTE DRIVE
City-State-Zip:	PANAMA CITY FL 32401		City-State-Zip:	PANAMA CITY FL 32401
Title	DIRECTOR			
Name	ROHAN, MICHAEL			
Address	1162 COVE POINTE DRIVE			
City-State-Zip:	PANAMA CITY FL 32401			

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: CRAIG CLAUSSEN   PRESIDENT   04/29/2021

Electronic Signature of Signing Officer/Director Detail   Date