

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001531

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**4736099262CC**

**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**

**Certificate of Status Desired: No**

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

REISS, CHRISTINE L  
338 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401 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 D, VP  
Name BRELAND, HENRY  
Address 1167 COVE POINTE DRIVE  
City-State-Zip: PANAMA CITY FL 32401

Title D,T  
Name REISS, CHRISTINE L  
Address 338 BUNKERS COVE ROAD  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name WORTMAN, RAND  
Address P.O. BOX 927  
City-State-Zip: LYNN HAVEN FL 32444

Title D, S  
Name NEUBAUER, THOMAS S  
Address 608 SHORELINE DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title D, P  
Name DYE, JOHN E  
Address 1139 COVE POINTE DR.  
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: THOMAS S NEUBAUER**

**D, S**

**01/20/2020**

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

\_\_\_\_\_  
Date