

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002816

**Entity Name:** COTTAGES AT BLU VISTA HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.

**FILED**  
**Mar 29, 2024**  
**Secretary of State**  
**6278380485CC**

**Current Principal Place of Business:**

4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231

**Current Mailing Address:**

4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231 US

**FEI Number: 20-5923732**

**Certificate of Status Desired: No**

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

CASEY CONDOMINIUM MANAGEMENT  
4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231 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: BRIDGET SPENCE**

**03/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHEPHARD, BRUCE  
Address        4370 S. TAMIAMI TRAIL  
                  SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            ASST. SECRETARY  
Name            SPENCE, BRIDGET  
Address        4370 S. TAMIAMI TRAIL  
                  SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            SECRETARY  
Name            SERVIA, MISTY  
Address        4370 S. TAMIAMI TRAIL  
                  SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            TREASURER  
Name            CARACCIA, TOMMY  
Address        4370 S. TAMIAMI TRAIL  
                  SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            VP  
Name            LARSON, KATHLEEN  
Address        4370 S. TAMIAMI TRAIL  
                  SUITE 102  
City-State-Zip: SARASOTA FL 34231

*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: BRIDGET SPENCE**

**ASSISTANT SECRETARY    03/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date