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

DOCUMENT# N06000002816

Entity Name: COTTAGES AT BLU VISTA HOMEOWNERS' ASSOCIATION OF

MANATEE COUNTY, INC.

FILED
Mar 08, 2023
Secretary of State
3058299311CC

#### **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 03/08/2023

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Address

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

TitleTREASURERTitleSECRETARYNameNARIMAN, RAFAELNameSERVIA, MISTY

Address 4370 S. TAMIAMI TRAIL Address 4370 S. TAMIAMI TRAIL

SUITE 102 SUITE 102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

Title VP Title DIRECTOR

Name CARACCIA, TOMMY Name LARSON, KATHLEEN

4370 S. TAMIAMI TRAIL Address 4370 S. TAMIAMI TRAIL

SUITE 102 SUITE 102

City-State-Zip: SARASOTA FL 34231 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 CAM 03/08/2023