

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003935

**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**5154291034CC**

**Entity Name:** CEDAR COVE HOMEONWER'S ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

7020 CAPTAIN KIDD AVENUE  
LOT 18  
SARASOTA, FL 34231

**Current Mailing Address:**

7020 CAPTAIN KIDD AVENUE  
LOT 18  
SARASOTA, FL 34231 US

**FEI Number: 87-4600504**

**Certificate of Status Desired: No**

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

GORDON, SCOTT E  
ONE SARASOTA TOWER  
TWO NORTH TAMiami TRAIL SUITE 500  
SARASOTA, FL 342365575 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           PRESIDENT  
Name           DESROCHERS, DAVID A  
Address       7020 CAPTAIN KIDD AVENUE  
                  LOT 18  
City-State-Zip: SARASOTA FL 34231

Title           VP  
Name           YOUNG, JOAN  
Address       7020 CAPTAIN KIDD AVENUE  
                  LOT 28  
City-State-Zip: SARASOTA FL 34231

Title           TREASURER  
Name           KOTWICKI, KATHY  
Address       7020 CAPTAIN KIDD AVENUE  
                  LOT 35  
City-State-Zip: SARASOTA FL 34231

Title           SECRETARY  
Name           DERBYSHIRE, NICKI E  
Address       7020 CAPTAIN KIDD AVENUE  
                  LOT 29  
City-State-Zip: SARASOTA FL 34231

Title           DIRECTOR AT LARGE  
Name           JOHNSON, KITTY  
Address       7020 CAPTAIN KIDD AVENUE  
                  LOT 35  
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: DAVID A. DESROCHERS**

**PRESIDENT**

**03/08/2022**

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

\_\_\_\_\_  
Date