

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003935

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC5034079372**

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

**Current Principal Place of Business:**

7020 CAPTAIN KIDD AVENUE  
37A  
SARASOTA, FL 34231

**Current Mailing Address:**

7020 CAPTAIN KIDD AVENUE  
37A  
SARASOTA, FL 34231

**FEI Number: NOT APPLICABLE**

**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	PD
Name	MACNEILL, GLORIA
Address	7020 CAPTAIN KIDD AVE 1
City-State-Zip:	SARASOTA FL 34231
Title	TD
Name	ZEDOLIK, JOHN
Address	7020 CAPTAIN KIDD AVE 37A
City-State-Zip:	SARASOTA FL 34231
Title	RESIDENT OFFICER
Name	ROUX, ROGER
Address	7020 CAPTAIN KIDD AVENUE 16
City-State-Zip:	SARASOTA FL 34231

Title	VD
Name	CALCINA, JOSEPH
Address	7020 CAPTAIN KIDD AVE 6
City-State-Zip:	SARASOTA FL 34231
Title	S
Name	ZEDOLIK, MARY A
Address	7020 CAPTAIN KIDD AVE 37A
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: JOSEPH CALCINA**

**VP**

**01/08/2015**

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

\_\_\_\_\_  
Date