## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000021

Entity Name: HOLIDAY COVE RV RESORT CONDOMINIUM ASSOCIATION,

INC.

**FILED** Jan 18, 2020 **Secretary of State** 0865629990CC

## **Current Principal Place of Business:**

11900 CORTEZ ROAD WEST PO BOX # 713 CORTEZ, FL 34215

## **Current Mailing Address:**

11900 CORTEZ ROAD WEST PO BOX # 713 CORTEZ, FL 34215 US

FEI Number: 26-3980314 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EVANS, GARY 11900 CORTEZ ROAD WEST CORTEZ, FL 34215 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** VΡ Title

EVANS, GARY HALL, GARY Name Name

11900 CORTEZ ROAD WEST 11900 CORTEZ ROAD WEST Address Address

PO BOX # 713 PO BOX # 713

City-State-Zip: CORTEZ FL 34215 City-State-Zip: CORTEZ FL 34215

Title SECRETARY Title **TREASURER** 

Name ANDERSON, JOYCE Name SCHOUTEN, HANS

Address 11900 CORTEZ ROAD WEST Address 11900 CORTEZ ROAD WEST

PO BOX # 713 PO BOX # 713 CORTEZ FL 34215 CORTEZ FL 34215

City-State-Zip:

Title MEMBER AT LARGE

Name HOCKING, SCOTT

Address 11900 CORTEZ ROAD WEST

PO BOX # 713

CORTEZ FL 34215 City-State-Zip:

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: GARY EVANS **PRESIDENT** 01/18/2020