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

DOCUMENT# N09000009898

Entity Name: COTTAGES OF CALLISTA VILLAGE ASSOCIATION, INC.

FILED
Apr 29, 2023
Secretary of State
7864032856CC

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

2201 CANTU CT SUITE 106

SARASOTA, FL 34232

## **Current Mailing Address:**

C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106 SARASOTA, FL 34232 US

FEI Number: 27-4529383 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT, LLC 2201 CANTU CT SUITE 106

SARASOTA, FL 34232 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: WILLIAM ASHBY 04/29/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title SECRETARY Title VP

Name KAPLAN, KENNETH Name ROSE, CHARLIE

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title PRESIDENT Title DIRECTOR

Name MIKULSKI, ROBERT Name ADAMS, DEBORAH

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT
2201 CANTU CT SUITE 106

MANAGEMENT
2201 CANTU CT SUITE 106

2201 CANTU CT SUITE 106

SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title TREASURER Title ASST. SECRETARY

Name STUBECK, LISA Name ASHBY, WILLIAM

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

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: WILLIAM ASHBY ASST SEC 04/29/2023