

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009898

Entity Name: COTTAGES OF CALLISTA VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

9040 TOWN CENTER PARKWAY
SUITE 200
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

C/O GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE 200
LAKEWOOD RANCH, FL 34202 US

FEI Number: 27-4529383

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
LAKEWOOD RANCH, FL 34202 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

04/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KAPLAN, KENNETH
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY
Name GRIFFITH, KAREN
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP
Name MIKULSKI, ROBERT
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name ADAMS, DEBORAH
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name STUBECK, LISA
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title ASST. SECRETARY
Name ASHBY, WILLIAM
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 9040 TOWN CENTER PARKWAY
 SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

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

RA

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date