

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12614

FILED
Apr 13, 2023
Secretary of State
7338530749CC

Entity Name: CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0135874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 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 DIRECTOR, SECRETARY
Name BORDEN, CATHERINE S
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR
Name TREADWELL, DOUG
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name NELSON, HOLLY
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR
Name RUEHL, CATHY L
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BORDEN, HAROLD
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR, VP
Name DIEMER, GRAHAM
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MOORE, VICTORIA
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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: DOUG TREADWELL

PRESIDENT

04/13/2023

