## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12614

Entity Name: CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 20, 2020
Secretary of State
1747651902CC

## **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 VP, DIRECTOR Title DIRECTOR, SECRETARY

Name MCMANAMY, PHIL Name BORDEN, CATHERINE S

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

SERVICES, INC. SERVICES, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR Title PRESIDENT, DIRECTOR

Name GARDNER, KATHY Name TREADWELL, DOUG

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

SERVICES, INC. SERVICES, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR Title TREASURER, DIRECTOR

Name NELSON, HOLLY Name RUEHL, CATHY L

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

SERVICES, INC. SERVICES, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR

Name BRUNSWICK, ROGER

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 05/20/2020