

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2019
Secretary of State
6607908598CC

Entity Name: CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

C/O GULF GULF BREEZE MANAGEMENT SERVICES OF SW FL, 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 GULF BREEZE MANAGEMENT SERVICES OF SW FL, 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
Name MCMANAMY, PHIL
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR
Name GARDNER, KATHY
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR
Name TREADWELL, DOUG
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title DIRECTOR
Name BRUNSWICK, ROGER
Address C/O GULF GULF BREEZE
MANAGEMENT SERVICES OF SW FL,
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

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date