

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004298

Entity Name: THE COVE AT LOGGERHEAD MARINA ASSOCIATION, INC.**Current Principal Place of Business:**10033 DR. MARTIN LUTHER KING ST N
300
SAINT PETERSBURG, FL 33716**Current Mailing Address:**10033 DR. MARTIN LUTHER KING ST N
300
SAINT PETERSBURG, FL 33716 US**FEI Number:** 46-2699237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZACUR, GRAHAM & COSTIS, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33733 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:** RICHARD ZACUR

03/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRUENIG, DARREN
Address 10033 DR. MARTIN LUTHER KING ST
N
300
City-State-Zip: SAINT PETERSBURG FL 33716

Title VP, DIRECTOR
Name MATHIS, BILL
Address 10033 DR. MARTIN LUTHER KING ST
N
300
City-State-Zip: SAINT PETERSBURG FL 33716

Title TREASURER
Name ORSINI, VERONICA
Address 10033 DR. MARTIN LUTHER KING ST
N
300
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name RICHSTEIN, KATE
Address 10033 DR. MARTIN LUTHER KING ST
N
300
City-State-Zip: SAINT PETERSBURG FL 33716

Title SECRETARY
Name BEELER, MARY SUE
Address 10033 DR. MARTIN LUTHER KING ST
N
300
City-State-Zip: SAINT PETERSBURG FL 33716

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: DARREN GRUENIG

PRES

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date