

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32504

**FILED  
Mar 15, 2018  
Secretary of State  
CC8248706555**

**Entity Name:** EAGLE COVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRST CHOICE ASSOC. MGMT  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

FIRST CHOICE ASSOC. MGMT  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-2949570

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FIRST CHOICE ASSOC. MGMT.  
4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 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 P  
Name CHANDLER, CURT  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title TREASURER  
Name ROBINSON, PAUL  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title SEC  
Name BARRETT, KENNETH  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*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:** CURT CHANDLER

**PRESIDENT**

**03/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date