

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32504

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

**Current Principal Place of Business:**

36523 US HIGHWAY 19 N  
PALM HARBOR, FL 34684

**Current Mailing Address:**

36523 US HIGHWAY 19 N  
PALM HARBOR, FL 34684 US

**FEI Number: 59-2949570**

**Certificate of Status Desired: No**

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

PROACTIVE PROPERTY MANAGEMENT  
36523 US HIGHWAY 19 N  
PALM HARBOR, FL 34684 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: PATRICK KOCHENOUR**

**04/27/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ROBINSON, PAUL  
Address 36523 US HIGHWAY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title PRESIDENT  
Name FACTOR, CYNTHIA  
Address 36523 US HIGHWAY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title SECRETARY  
Name EASLEY, BRIAN  
Address 36523 US HIGHWAY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER  
Name FAHEY, TIM  
Address 36523 US HIGHWAY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name STAUFFER, JILL  
Address 36523 US HIGHWAY 19 N  
City-State-Zip: PALM HARBOR FL 34684

*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: CYNTHIA FACTOR**

**PRESIDENT**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date