

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36928

Entity Name: THE CAPE AT CORAL BAY VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**8751 W BROWARD BLVD
SUITE 400
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number:** 65-0365553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY & REED, P.A.
310 SE 13TH STREET
FORT LAUDERDALE, FL 33316 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 | DIRECTOR |
| Name | LAWRENCE, VERYAN |
| Address | 6563 BAYFRONT DRIVE |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|-----------------|-----------------------|
| Title | DIR/TREAS |
| Name | ARTEAGA, HECTOR |
| Address | 3096 LIGHTHOUSE PLACE |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|-----------------|--------------------|
| Title | DIR/PRES |
| Name | GALLUCCI, RONALD P |
| Address | 6592 BAYFRONT DR |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR, SECRETARY |
| Name | GATES, MATT |
| Address | 3120 CAPE CIR |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | MIZUSAWA, GEORGE |
| Address | 6623 BAYFRONT DR. |
| City-State-Zip: | MARGATE FL 33063 |

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: GALLUCCI , RONALD P**PRESIDENT****01/17/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date