

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

DOCUMENT# N37397

**Entity Name:** COVE POINTE HOMEOWNERS ASSOCIATION INC.**Current Principal Place of Business:**1950 COVE POINTE DR.  
VENICE, FL 34293**Current Mailing Address:**1950 COVE POINTE DR.  
VENICE, FL 34293 US**FEI Number:** 65-0184923**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONKLIN, DEREK  
1950 COVE POINTE DR.  
VENICE, FL 34293 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	VPD
Name	SIMONE, BARBARA
Address	1941 COVE POINTE DRIVE
City-State-Zip:	VENICE FL 34293

Title	D
Name	DUCKLOW, CLAIR
Address	1930 COVE POINTE DR
City-State-Zip:	VENICE FL 34293

Title	PD
Name	SOLCUM, HAROLD
Address	1913 TRADEWINDS CIRCLE
City-State-Zip:	VENICE FL 34293

Title	DS
Name	MARCOTTE, RICHARD
Address	1909 TRADEWINDS CIRCLE.
City-State-Zip:	VENICE FL 34293

Title	DT
Name	CONKLIN, DEREK L
Address	1950 COVE POINTE DR
City-State-Zip:	VENICE FL 34293

*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:** DEREK CONKLIN**TREASURER****04/05/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date