## Entity Name: NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

**GULFSTREAM SERVICE MANAGEMENT** 1500 GATEWAY BLVD SUITE 220 BOYNTON BEACH, FL 33426

## **Current Mailing Address:**

DOCUMENT# N40005

GULFSTREAM SERVICE MANAGEMENT 1500 GATEWAY BLVD SUITE 220 BOYNTON BEACH, FL 33426 US

#### FEI Number: 65-0308459

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

BAKALAR & ASSOCIATES, P.> 800 EAST BROWARD BOULEVARD SUITE 710 FORT LAUDERDALE, FL 33301 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	: RAYMON PICCIN			01/16/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	DEEMER , JOHN	Name	AZOR, PETE	
Address	1500 GATEWAY BLVD SUITE 220	Address	1500 GATEWAY BLVD SUITE 220	
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426	
Title	TREASURER	Title	SECRETARY	
Name	RICHARDS, HANNAH	Name	ACHING, TARA	
Address	1500 GATEWAY BLVD SUITE 220	Address	1500 GATEWAY BLVD SUITE 220	
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426	
Title	DIRECTOR	Title	DIRECTOR	
Name	DIMARCANTONIO, CHRIS	Name	NARDONE, PHYLLIS	
Address	1500 GATEWAY BLVD SUITE 220	Address	1500 GATEWAY BLVD SUITE 220	
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426	
Title	DIRECTOR			
Name	SALVIANO, MICHAEL			
Address	1500 GATEWAY BLVD SUITE 220			
City-State-Zip:	BOYNTON BEACH FL 33426			

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: JOHN DEEMER		PRESIDENT	01/16/2024
	Electronic Signature of Signing Officer/Director Detail		Date

#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 16, 2024 Secretary of State

# 1581351384CC

Certificate of Status Desired: No