

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N43590

Entity Name: FAY'S COVE AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MGT., INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MGT., INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-0404365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, JOHN
6421 FRENCH ANGEL TERRACE
MARGATE, FL 33063 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: JOHN HALL

12/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALDRICH, LISA
Address C/O CONSOLIDATED COMMUNITY
MGT., INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name LOMIDZ, KATRINA
Address C/O CONSOLIDATED COMMUNITY
MGT., INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name LIMA, SABRINA
Address C/O CONSOLIDATED COMMUNITY
MGT., INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title VP
Name HALL III, JOHN
Address C/O CONSOLIDATED COMMUNITY
MGT., INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name BAILEY, DONETTE
Address C/O CONSOLIDATED COMMUNITY
MGT., INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

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: LISA ALDRICH

PRES

12/15/2020

Electronic Signature of Signing Officer/Director Detail

Date