

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000540

Entity Name: THE COTTAGES AT HOBE SOUND H.O.A., INC.**Current Principal Place of Business:**C/O SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983**Current Mailing Address:**C/O SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 US**FEI Number: 59-3551905****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS, DEBORAH LESQ.
789 SOUTH FEDERAL HIGHWAY, SUITE 101
STUART, FL 34994 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	P
Name	ALBERTINI, DEBRA
Address	C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	VP
Name	LINGELBACH, DEBRA
Address	C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	T
Name	TULIP, RICHARD
Address	C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	SECRETARY
Name	CAPOZZI, AUDREY
Address	C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	DIRECTOR
Name	POPRAWSKI, SEBASTIAN
Address	C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

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: DEBRA ALBERTINI**PRESIDENT****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date