

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G92727

**Entity Name:** ALCOVE MOBILE HOME OWNERS' ASSOC. INC.**Current Principal Place of Business:**7300 PARK STREET  
SEMINOLE, FL 33777**Current Mailing Address:**C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777**FEI Number:** 59-2493283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONATHAN DAMONTE, P.A.  
12110 SEMINOLE BLVD  
LARGO, FL 33778 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 PRES  
Name LUNDBALD, KRISTINE  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title VPD  
Name CONNELLY , BRENDA  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title SEC  
Name KREUTZ, GAIL  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title TREA  
Name DUMKE, JERRY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name PARADIS, JOHN  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name PHILLIS, SAMUEL  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name WILLIAMS, JODY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTINE LUNDBALD**PRESIDENT****04/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date