

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105918

**Entity Name:** CO-OWNERS MAINTENANCE SERVICES CO.

**Current Principal Place of Business:**

2180 W. STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 W. STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 32779

**FEI Number:** 45-4038996

**Certificate of Status Desired:** No

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

POMP, HOWARD  
2180 W. STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779 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            CEO  
Name            POMP, HOWARD  
Address        2180 W. STATE ROAD 434, SUITE  
                  5000  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY, TREASURER  
Name            POMP, HOWARD  
Address        2180 W. STATE ROAD 434, SUITE  
                  5000  
City-State-Zip: LONGWOOD FL 32779

Title            PRESIDENT  
Name            HART, JAMES W JR.  
Address        2180 W. STATE ROAD 434, SUITE  
                  5000  
City-State-Zip: LONGWOOD FL 32779

*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:** HOWARD POMP

CEO

02/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date