

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725814

Entity Name: SMUGGLERS COVE PROPERTY
OWNERS' ASSOCIATION, INCORPORATED**Current Principal Place of Business:**1561 SMUGGLERS COVE
VERO BEACH, FL 32963**Current Mailing Address:**1536 SMUGGLERS COVE
VERO BEACH, FL 32963**FEI Number: 59-1513320****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASTA, NINA
1536 SMUGGLERS COVE
VERO BEACH, FL 32963 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 VP
Name TAYLOR, JONATHAN
Address 1561 SMUGGLERS COVE
City-State-Zip: VERO BEACH FL 32963Title S
Name LARSON, GEORGE
Address 1525 SMUGGLERS COVE
City-State-Zip: VERO BEACH FL 32963Title T
Name ASTA, NINA
Address 1536 SMUGGLERS COVE
City-State-Zip: VERO BEACH FL 32963Title PRESIDENT
Name GIACALONE, BART
Address 1576 SMUGGLERS COVE
City-State-Zip: VERO BEACH FL 32963Title D
Name HAYES, SUE
Address 1550 SMUGGLERS COVE
City-State-Zip: VERO BEACH FL 32963

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: NINA ASTA**TREASURER****03/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date