

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725814

Entity Name: SMUGGLERS COVE PROPERTY
OWNERS'ASSOCIATION,INCORPORATED**Current Principal Place of Business:**1545 SMUGGLERS COVE
VERO BEACH, FL 32963**Current Mailing Address:**P O BOX 643293
VERO BEACH, FL 32964 US**FEI Number: 59-1513320****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALL, JAMES
1545 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: JAMES GALL****03/07/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GALL, JAMES
Address	1545 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	TREASURER
Name	POHL, SHANNON
Address	1516 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	SECRETARY
Name	HAMPTON, JAN
Address	1546 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	FIRST VICE PRESIDENT
Name	SIBOL, SHEILA
Address	1500 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	SECOND VICE PRESIDENT
Name	PRICE, JOSEPH
Address	1556 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	O'BRIEN, DANA
Address	1535 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	SLOANE, SUSAN
Address	1560 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: GALL, JAMES**PRESIDENT****03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date