

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725814

Entity Name: SMUGGLERS COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED**Current Principal Place of Business:**1576 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:**GIACALONE, BART
1576 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:** BART GIACALONE

03/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	TREASURER
Name	GIACALONE, BART
Address	1576 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	KINDY, MARILYN
Address	1540 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

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

Title	SECRETARY
Name	MARRIOTT, BEATRIZ
Address	1496 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	VP
Name	ZECCA, LOUIS
Address	1570 SMUGGLERS COVE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	GALL, MEGAN
Address	1545 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: BART GIACALONE**TREASURER**

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date