

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732498

Entity Name: COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**18550 N. DALE MABRY HIGHWAY
LUTZ, FL 33548**Current Mailing Address:**18550 N. DALE MABRY HIGHWAY
LUTZ, FL 33548 US**FEI Number:** 59-1778018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID J. LOPEZ, P.A.
201 E. KENNEDY BLVD.
SUITE 775
TAMPA, FL 33602 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:** DAVID LOPEZ

04/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name JOHNSON, DAN
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name PLYLER, HARRIET
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title VP, SECRETARY
Name HUNT, MARY BETH
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title PRESIDENT
Name PRUIETT, SUZAN
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name SMITH, WILLIAM L
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name CHEESEMAN, STEPHEN C
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name HARDEE, JAMES
Address 18550 N. DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548

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: SUZAN PRUIETT

PRESIDENT

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date