

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732891

**Entity Name:** MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3871 INDIAN TRAIL  
DESTIN, FL 32541**Current Mailing Address:**3871 INDIAN TRAIL  
DESTIN, FL 32541 US**FEI Number:** 59-2047230**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULLEN, SALLY A  
3871 INDIAN TRAIL  
2G  
DESTIN, FL 32541 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:** SALLY MULLEN

02/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT               |
| Name            | MULLEN, SALLY           |
| Address         | 3871 INDIAN TRAIL<br>2G |
| City-State-Zip: | DESTIN FL 32541         |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | CRAFT, LAWSON           |
| Address         | 3871 INDIAN TRAIL<br>4D |
| City-State-Zip: | DESTIN FL 32541         |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | STEINER, SUSAN        |
| Address         | 3871 INDIAN TRAIL #7A |
| City-State-Zip: | DESTIN FL 32541       |

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY               |
| Name            | DE JESUS, SUSAN         |
| Address         | 3871 INDIAN TRAIL<br>6G |
| City-State-Zip: | DESTIN FL 32541         |

*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:** SALLY MULLEN

PRESIDENT

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date