2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749058

Entity Name: KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION,

INC.

Current Principal Place of Business:

1015 SE KITCHING COVE LN PORT ST LUCIE, FL 34952

Current Mailing Address:

1015 SE KITCHING COVE LN PORT ST LUCIE, FL 34952 US

FEI Number: 59-2404423 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAXWELL, LORI 1015 SE KITCHING COVE LN PORT ST LUCIE, FL 34952 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: LORI MAXWELL 04/01/2019

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title S

Name WAGNER. BILL Name KING. JOLEEN

Address 1008 SE KITCHING COVE LN Address 1016 SE KITCHING COVE LN

PSL FL 34952 City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip:

Title D Title Т

Name MAXWELL, LORI Name BRADY, JON

Address 1015 SE KITCHING COVE LN Address 1004 SE KITCHING COVE LN City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip: PORT SAINT LUCIE FL 34952

Title Title D

Name RATHBURN, COREY Name DILLON, JIM

Address 1010 SE KITCHING COVE LN 1005 SE KITCHING COVE LN Address City-State-Zip: PORT ST LUCIE FL 34952 PORT SAINT LUCIE FL 34952 City-State-Zip:

Title **DIRECTOR**

Name WESTMORELAND, JOE Address 1011 SE KITCHING COVE LN PORT ST LUCIE FL 34952 City-State-Zip:

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.

04/01/2019 SIGNATURE: LORI MAXWELL **TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 01, 2019

Secretary of State

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