## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006555

Entity Name: CALABRIA COVE HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 24, 2023 **Secretary of State** 3148391766CC

## **Current Principal Place of Business:**

766 N. SUN DRIVE **SUITE 2000** 

LAKE MARY, FL 32746

## **Current Mailing Address:**

766 N. SUN DRIVE **SUITE 2000** 

LAKE MARY, FL 32746 US

FEI Number: 80-0025957 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

**BONO AND ASSOCIATES** 766 N. SUN DRIVE **SUITE 2000** 

LAKE MARY, FL 32746 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: MICHAEL L BONO 04/24/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

DESARIO, DREW Name Name CARTWRIGHT, JARED

766 N. SUN DRIVE 766 N. SUN DRIVE Address Address

**SUITE 2000 SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title VΡ Title **TREASURER** 

Name DAVIDUKE, JOE Name PROCTOR, JOSH

Address 766 N. SUN DRIVE Address 766 N. SUN DRIVE

**SUITE 2000 SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR

GONZALEZ, HARRY Name

766 N. SUN DRIVE Address

**SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746

**PRESIDENT** 

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.