2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02843

Entity Name: COVE CAY COMMUNITY ASSOCIATION, INC.

FILED
Apr 27, 2019
Secretary of State
8006732092CC

Current Principal Place of Business:

9887 FOURTH STREET NORTH

SUITE 301

ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702 US

FEI Number: 59-2512284 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC 9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702 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: JOHN HENSLEY 04/27/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

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Title PRESIDENT Title VP

Name SHRIVER, PAT Name FEAR, SALLY

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY Title TREASURER

Name FERRIOLA, JOHN Name HENDRIX, ELIZABETH

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name SCHMIDT, KAREN Name COHN, STEVEN

Address 9887 FOURTH STREET NORTH Address 9887 FOURTH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 CASSIDY, RICHARD
 Name
 IRWIN, BILL

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

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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: PAT SHRIVER PRESIDENT 04/27/2019

Officer/Director Detail Continued:

City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name SHRIVER, BILL Name BURNETT, NANCY

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 301 9887 FOURTH STREET NORTH SUITE

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City-State-Zip: ST. PETERSBURG FL 33702