

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002553

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 20-2233700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GD&C
2030 MCGREGOR BLVD
FORT MYERS, FL 33901 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: ELIJAH STUBBLEFIELD

03/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KOLSUN, JOBY
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name HUISMAN, MARY
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name PETTINATO, RICHARD
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name SHELBOURNE, KURT
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

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: KOLSUN , JOBY

PRESIDENT

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date