2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002872

Entity Name: FISHERMAN'S COVE OF SOUTHEAST VOLUSIA COUNTY

HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 04, 2024
Secretary of State
7884984706CC

Current Principal Place of Business:

FISHERMANS COVE OF SOUTHEAST VOLUSIA COUNTY HOMEOWNERS ASSOCIATION, INC. 101 FISHERMANS COVE DR.

EDGEWATER, FL 32141

Current Mailing Address:

C/O CAM PROS OF FLORIDA, LLC 1648 TAYLOR RD., # 115 PORT ORANGE, FL 32128 US

FEI Number: 20-8671556 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMONETTE, LAURA H CAM C/O CAM PROS OF FLORIDA, LLC 1648 TAYLOR RD., # 115 PORT ORANGE, FL 32128 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: LAURA H. SIMONETTE, CAM 03/04/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name BRAGG, MICHELE B Name EPPES, CAMERON T

Address C/O CAM PROS OF FLORIDA, LLC Address C/O CAM PROS OF FLORIDA, LLC

1648 TAYLOR RD., #115 1648 TAYLOR RD., #115

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title SECRETARY Title DIRECTOR

Name KEYES, LARRY Name WOOD, RONNIE

Address C/O CAM PROS OF FLORIDA, LLC Address C/O CAM PROS OF FLORIDA, LLC

1648 TAYLOR RD., #115 1648 TAYLOR RD., #115

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

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.