

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

DOCUMENT# N1000002154

**Entity Name:** GULF COVE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**9212325535CC**

**Current Principal Place of Business:**

SEA BREEZE ASSOCIATION MANAGEMENT  
2441 US HWY 98 W SUITE 109  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

SEA BREEZE ASSOCIATION MANAGEMENT  
2441 US HWY 98 W SUITE 109  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEA BREEZE MANAGEMENT ASSOCIATION  
SEA BREEZE ASSOCIATION MANAGEMENT  
2441 US HWY 98 W SUITE 109  
SANTA ROSA BEACH, FL 32459 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:** WINN KNIGHT

04/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CRAIG, ADAM  
Address        SEA BREEZE ASSOCIATION  
                  MANAGEMENT  
                  2441 US HWY 98 W SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            SECRETARY  
Name            HOFFMAN, MARK  
Address        SEA BREEZE ASSOCIATION  
                  MANAGEMENT  
                  2441 US HWY 98 W SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            VP  
Name            HANCOCK, KELLY  
Address        SEA BREEZE ASSOCIATION  
                  MANAGEMENT  
                  2441 US HWY 98 W SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            TREASURER  
Name            SHUFFIELD, ROBERT  
Address        SEA BREEZE ASSOCIATION  
                  MANAGEMENT  
                  2441 US HWY 98 W SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** MARK HOFFMAN

**SECRETARY**

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date