#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002154

Entity Name: GULF COVE HOMEOWNERS' ASSOCIATION, INC.

**FILED** Jan 31, 2024 **Secretary of State** 7037661284CC

# **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 01/31/2024

> Date Electronic Signature of Registered Agent

> > Address

Title

Name

Address

City-State-Zip:

#### Officer/Director Detail:

Title Title **TREASURER** Name CRAIG, ADAM Name HOFFMAN, MARK

Address SEA BREEZE ASSOCIATION

**MANAGEMENT** 

2441 US HWY 98 W SUITE 109

SANTA ROSA BEACH FL 32459 City-State-Zip:

**SECRETARY** Title

HANCOCK, KELLY Name

Address SEA BREEZE ASSOCIATION

2441 US HWY 98 W SUITE 109

MANAGEMENT

2441 US HWY 98 W SUITE 109

SEA BREEZE ASSOCIATION

2441 US HWY 98 W SUITE 109

SANTA ROSA BEACH FL 32459

**MANAGEMENT** 

**PRESIDENT** 

MANAGEMENT

SHUFFIELD, ROBERT

SEA BREEZE ASSOCIATION

SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 City-State-Zip: City-State-Zip:

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.