

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007995

**Entity Name:** PHILIPPE OAKS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685

**Current Mailing Address:**

800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685 US

**FEI Number:** 36-4776522

**Certificate of Status Desired:** No

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

DAVID W. ORMISTON, PA  
800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685 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:** DAVID W. ORMISTON

04/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            INVERSO, BRUCE  
Address        800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title            SECRETARY  
Name            KIMBALL, TRACY  
Address        800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title            TREASURER  
Name            VANBROCKLIN, LAURIE  
Address        800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title            VP  
Name            COTICCHIO, MATT  
Address        800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            GULLO, ROB  
Address        800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

*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:** BRUCE INVERSO

PRES

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date