**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 24, 2022**
**Secretary of State**
**5960767565CC**

DOCUMENT# N17000007693

**Entity Name:** CASTINE COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

PO BOX 1389
ST AUGUSTINE, FL 32085 US

**FEI Number: 82-2537740**

**Certificate of Status Desired:** No

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

RAULERSON, JANEEN
112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084 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: JANEEN RAULERSON 01/24/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | VP |
| Name | GANGI, STEPHEN | Name | MACK, LARRY SR. |
| Address | P.O BOX 1389 | Address | P.O BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 | City-State-Zip: | ST. AUGUSTINE FL 32085 |
| Title | SECRETARY, TREASURER | Title | AGENT |
| Name | PALUMBO, SUSAN | Name | RAULERSON , JANEEN L |
| Address | P.O BOX 1389 | Address | P.O. BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 | City-State-Zip: | ST. AUGUSTINE FL 32085 |

*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: STEPHEN GANGI PRESIDENT 01/24/2022

Electronic Signature of Signing Officer/Director Detail — Date