

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17586

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC4301033404**

**Entity Name:** THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 TABATHA DRIVE  
OSTEEN, FL 32764

**Current Mailing Address:**

500 TABATHA DRIVE  
OSTEEN, FL 32764

**FEI Number: 59-2910939**

**Certificate of Status Desired: No**

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

WOJNOWSKI, DANNY  
755 TABATHA DR.  
OSTEEN, FL 32764 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PITTMAN, BEN  
Address 625 TABATHA DR.  
City-State-Zip: OSTEEN FL 32764

Title VP  
Name COOK, BARRY  
Address 549 TABATHA DR.  
City-State-Zip: OSTEEN FL 32764

Title S  
Name ANNETT, BETTY  
Address 770 TABATHA DR.  
City-State-Zip: OSTEEN FL 32764

Title T  
Name WOJNOWSKI, DANNY  
Address 755 TABATHA DR  
City-State-Zip: OSTEEN FL 32764

*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: DANNY WOJNOWSKI**

**TREASURER**

**03/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date