

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000545

Entity Name: CHARLES COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744**Current Mailing Address:**1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 US**FEI Number:** 46-3057119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARTEMIS LIFESTYLE SERVICES, INC.
1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 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:** DOMINGO SANCHEZ

04/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DOTSON, MELISSA
Address 1631 EAST VINE STREET
 SUITE 300
City-State-Zip: KISSIMMEE FL 34744

Title VP
Name KINGSLEY, BRADLEY
Address 1631 EAST VINE STREET
 SUITE 300
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY, TREASURER
Name REID, PATRICIA
Address 1631 EAST VINE STREET
 SUITE 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name MOLINE, BILL
Address 1631 E VINE STREET
 STE 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name ORSINI, JORGE
Address 1631 E VINE STREET
 STE 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name MULLINS, LYNNE
Address 1631 E VINE STREET
 STE 300
City-State-Zip: KISSIMMEE FL 34744

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: BILL MOLINE**DIRECTOR**

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date