

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

DOCUMENT# N33516

**Entity Name:** PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 03, 2021**  
**Secretary of State**  
**6509833398CC**

**Current Principal Place of Business:**

1176 PALM COVE DR  
ORLANDO, FL 32835

**Current Mailing Address:**

C/O LIGHTHOUSE MANAGEMENT & CONSULTING  
PO BOX 0774  
WINDERMERE, FL 34786-0774 US

**FEI Number: 59-3225659**

**Certificate of Status Desired: No**

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

HINCKLEY, PAUL T  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 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: PAUL T HINCKLEY**

**04/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BRITS, FERDI  
Address        1176 PALM COVE DRIVE  
City-State-Zip: ORLANDO FL 32835

Title            TREASURER, DIRECTOR  
Name            POWELL, SHELDON  
Address        1018 PALM COVE DRIVE  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR, VP  
Name            OLIVE, KELLEY  
Address        1011 PALM COVE DRIVE  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            SHEPHERD, ROBERT  
Address        1035 PALM COVE DRIVE  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            RUBIN, KEN  
Address        1119 PALM COVE DR  
City-State-Zip: ORALNDO FL 32835

Title            DIRECTOR, SECRETARY  
Name            KELBERMAN, LISA  
Address        8479 ISLAND PALM CR  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            HEH, MARK  
Address        1102 LAKE LEGRO COURT  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            PATTERSON, SARAH  
Address        1168 PALM COVE DRIVE  
City-State-Zip: ORLANDO FL 32825

*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: FERDI BRITS**

**PRESIDENT**

**04/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date