

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006851

Entity Name: OAK ISLAND COVE COMMUNITY OWNERS' ASSOCIATION, INC.**FILED**
Jan 11, 2023
Secretary of State
4802328675CC**Current Principal Place of Business:**2113 RUBY RED BLVD
SUITE B
CLERMONT, FL 34714**Current Mailing Address:**2113 RUBY RED BLVD
SUITE B
CLERMONT, FL 34714 US**FEI Number: 59-3619121****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EXTREME MANAGEMENT TEAM LLC
2113 RUBY RED BLVD
SUITE B
CLERMONT, FL 34714 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: JORDAN JIMERSON****01/11/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name GRESH, CHAD
Address 2113 RUBY RED BLVD
SUITE B
City-State-Zip: CLERMONT FL 34714**Title** VP
Name HARRIS, DEMARIO
Address 2113 RUBY RED BLVD
SUITE B
City-State-Zip: CLERMONT FL 34714**Title** TREASURER, SECRETARY
Name LUNGSTRUM, CALEB
Address 2113 RUBY RED BLVD
SUITE B
City-State-Zip: CLERMONT FL 34714**Title** DIRECTOR
Name GRUSSENMEYER, JOE
Address 2113 RUBY RED BLVD
SUITE B
City-State-Zip: CLERMONT FL 34714**Title** DIRECTOR
Name FULLER, GLORIA
Address 2113 RUBY RED BLVD
SUITE B
City-State-Zip: CLERMONT FL 34714

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: CHAD GRESH**PRESIDENT****01/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date