

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006851

**Entity Name:** OAK ISLAND COVE COMMUNITY OWNERS' ASSOCIATION, INC.**FILED**  
**Mar 26, 2024**  
**Secretary of State**  
**6459415239CC****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:**PROPERTY MANAGEMENT OF AMERICA DBA EXTREME MANAGEMENT TEAM  
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: RICHARD PIZUTTI****03/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** LUNGSTRUM, CALEB  
**Address** 2113 RUBY RED BLVD  
SUITE B  
**City-State-Zip:** CLERMONT FL 34714**Title** VP  
**Name** FULLER, GLORIA  
**Address** 2113 RUBY RED BLVD  
SUITE B  
**City-State-Zip:** CLERMONT FL 34714**Title** SECRETARY  
**Name** STEVADO, AMANDA  
**Address** 2113 RUBY RED BLVD  
SUITE B  
**City-State-Zip:** CLERMONT FL 34714**Title** TREASURER  
**Name** IMBRUGIA, KRISTEN  
**Address** 2113 RUBY RED BLVD  
SUITE B  
**City-State-Zip:** CLERMONT FL 34714**Title** DIRECTOR  
**Name** RAGAN, RICK  
**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: CALEB LUNGSTRUM****PRESIDENT****03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date