

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000003919

**Entity Name:** OLD MISSION COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

220 CHARLES STREET  
PORT ORANGE, FL 32129

**Current Mailing Address:**

220 CHARLES STREET  
PORT ORANGE, FL 32129 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SEABREEZE CORPORATE SERVICES, LLC  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH, FL 32118 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 E.V. LACOUR  
Address 220 CHARLES STREET  
City-State-Zip: PORT ORANGE FL 32129

Title TS  
Name CHRISTINA MYERS  
Address 220 CHARLES STREET  
City-State-Zip: PORT ORANGE FL 32129

Title VP  
Name CHESTER DARBY  
Address 220 CHARLES STREET  
City-State-Zip: PORT ORANGE FL 32129

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: E.V. LACOUR**

**PRESIDENT**

**04/02/2024**

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

\_\_\_\_\_  
Date