## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 721943** 

Entity Name: SHELTER COVE RESORT CONDOMINIUM, INC.

FILED
Mar 23, 2020
Secretary of State
1714186194CC

## **Current Principal Place of Business:**

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2396951 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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: BRADLEY POMP 03/23/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

NameLEQUE, CAROLNameFASSBENDER, BARBARAAddress2180 WEST SR 434 STE 5000Address2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, TREASURER, Title DIRECTOR

DIRECTOR Name BELL, MIKE

 Name
 PENNINGTON, CAROLE
 Address
 2180 WEST SR 434 STE 5000

 Address
 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name WILLIS, SCOTT Name VAN KIRK, WILLIAM

Address 2180 WEST SR 434 STE 5000

Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779

City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR

Name HOWARD, TERRY

Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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: CAROL LEQUE PRESIDENT 03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date