

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725816

Entity Name: S.C. CONDOMINIUM, INC.**Current Principal Place of Business:**4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127**Current Mailing Address:**4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127**FEI Number:** 59-1564467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, SUE A
4445 S ATLANTIC AVE
#104
PONCE INLET, FL 32127 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	PRES
Name	HAUCK, LORAN
Address	172 KENTUCKY BLUE CIRCLE
City-State-Zip:	APOPKA FL 32172

Title	TREASURER
Name	ONDICK, ANNA
Address	989 GREENTREE DRIVE
City-State-Zip:	WINTER PARK FL 32789

Title	VP
Name	PHIPPS, MICHAEL
Address	1128 YATES STREET
City-State-Zip:	ORLANDO FL 32804

Title	SECRETARY
Name	ALTER, LAURIE
Address	6 INDIAN MOUND
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIR
Name	DAVIS, JAMIE
Address	4387 SANDY BRANCH DR.
City-State-Zip:	BUFORDL GA 30519

Title	DIR
Name	GAUL, GAVIN
Address	2953 ASHTON TERRACE
City-State-Zip:	OVEIDO FL 32765

Title	DIRECTOR
Name	CROWE, DENISE
Address	1070 AZALEA DRIVE
City-State-Zip:	ROSWELL GA 30075

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: DENISE CROWE**DIRECTOR****01/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date