

2020 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	ARGO, NANCY
Address	4445 S. ATLANTIC AVE.
City-State-Zip:	PONCE INLET FL 32127

Title	TREASURER
Name	BURKHALTER, KAREN
Address	4435 SOUTH ATLANTIC AVENUE
City-State-Zip:	PONCE INLET FL 32127

Title	VP
Name	LAUTHAIN, LOUISE
Address	4435 S ATLANTIC AVE..
City-State-Zip:	PONCE INLET FL 32127

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

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

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

Title	DIRECTOR
Name	COLE, JANE
Address	4256 TIDEWATER DRIVE
City-State-Zip:	ORLANDO FL 32812

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: NANCY ARGO

PRESIDENT

01/28/2020

Electronic Signature of Signing Officer/Director Detail_____
Date