2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
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Entity Name: SUNSET COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

625 N RIVER DR
STUART, FL 34994

Current Mailing Address:

459 NW PRIMA VISTA BLVD.
PORT SAINT LUCIE, FL 34983 US

FEI Number: 59-2073252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS EARLE & BONAN, P.A.
789 S FEDERAL HIGHWAY - SUITE 101
STUART, FL 34994 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	PRESIDENT
Name	MILLER, SHEILA
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TREASURER
Name	DAVIS, LENA
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	SECRETARY
Name	VANHORN, BARBARA
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	VP
Name	BERGMANN, BARRY
Address	459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	DIRECTOR
Name	LEWINGER, EWA
Address	459 NW PRIMA VISTA BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

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: SHEILA MILLER PRESIDENT 04/22/2019

Electronic Signature of Signing Officer/Director Detail — Date