

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755305

Entity Name: SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE, INC.

FILED
Apr 28, 2017
Secretary of State
CC0391218946

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2050866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: TINA YAMADA

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HIGGINS, ALLEN
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT
Name NORMAN, DEBRA
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TREASURER
Name WERNER, EDWARD A
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP
Name LANGLOTZ, RICHARD
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY, DIRECTOR
Name FIRMANI, JOSEPH
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: DEBRA NORMAN

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date