

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001370

**Entity Name:** SENDERO COVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1331 BEDFORD DR.  
SUITE 103  
MELBOURNE, FL 32940

**Current Mailing Address:**

1331 BEDFORD DR.  
SUITE 103  
MELBOURNE, FL 32940 US

**FEI Number:** 85-0582848

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, DEEANNA M  
1331 BEDFORD DR.  
SUITE 103  
MELBOURNE, FL 32940 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:** DEEANNA THOMAS

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JOSS, JAMIE  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            VP, DIRECTOR  
Name            ECHEVERRIA, TIMOTHY  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            TREASURER, DIRECTOR  
Name            RAMOS, EVELYN  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            SECRETARY, DIRECTOR  
Name            CAMPOS, MARIBEL  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            DIRECTOR  
Name            ESPADA, ALBERTO  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            REGISTERED AGENT  
Name            THOMAS, DEEANNA  
Address        1331 BEDFORD DR.  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

*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:** DEEANNA THOMAS

**REGISTERED AGENT**

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date