DOCUMENT# N23000005892	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SEMINOLE COVE ACTIVITY GROUP OF OKEECHOBEE INC.

#### **Current Principal Place of Business:**

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1515 SW 35TH CIRCLE OKEECHOBEE, FL 34974

## **Current Mailing Address:**

1515 SW 35TH CIRCLE OKEECHOBEE, FL 34974 US

# FEI Number: 93-3482274

### Name and Address of Current Registered Agent:

SIMPSON, ROSALIND 1515 SW 35TH CIRCLE OKEECHOBEE, FL 34974 US Certificate of Status Desired: No

FILED

Feb 10, 2024

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

### **Officer/Director Detail :**

Title	D\C	Title	D\VP
Name	BRUBAKER, CATHY	Name	HESSE, DANNY
Address	1625 SW 35TH CIRCLE	Address	1710 SW 35TH CIRCLE
City-State-Zip:	OKEECHOBEE FL 34974	City-State-Zip:	OKEECHOBEE FL 34974
Title	D\T	Title	D\S
Name	SIMPSON, ROSALIND	Name	TALLEY, JUDY
Address	1515 SW 35TH CIRCLE	Address	1598 SW 35TH CIRCLE
City-State-Zip:	OKEECHOBEE FL 34974	City-State-Zip:	OKEECHOBEE FL 34974
Title	D\RS		
Name	CARR, CHARLOTTE		
Address	1708 SW 35TH CIRCLE		
City-State-Zip:	OKEECHOBEE FL 34974		

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: ROSALIND SIMPSON

TREASURER

02/10/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date