

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000389

**Entity Name:** SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

CMC MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467

**Current Mailing Address:**

CMC MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number:** 65-0436242

**Certificate of Status Desired:** No

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

WYANT-CORTEZ & CORTEZ, CHARTERED  
840 US HIGHWAY ONE, SUITE 345  
NORTH PALM BEACH, FL 33408 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 PD  
Name SISSON, NOEL  
Address 200 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

Title DIRECTOR  
Name BROMFIELD, ARTHUR  
Address 145 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

Title TREASURER, DIRECTOR  
Name DIMASSIMO, GABRIEL  
Address 128 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

Title VP, DIRECTOR  
Name BERNSTEIN, SANDI  
Address 177 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

Title SECRETARY, DIRECTOR  
Name OKSNER, ELAINE  
Address 125 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

Title DIRECTOR  
Name THORPE, RICHARD  
Address 101 COVE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** NOEL SISSON

**PRESIDENT**

**01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date