

**2023 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 RD  
GREENACRES, FL 33467**Current Mailing Address:**CMC MANAGEMENT, INC.  
2950 JOG RD  
GREENACRES, FL 33467 US**FEI Number:** 65-0436242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORTEZ, LARRY  
WYANT-CORTEZ & CORTEZ, CHARTERED  
840 US HIGHWAY ONE, SUITE 345  
NORTH PALM BEACH, FL 33480 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:** CORTEZ LARRY

03/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERNSTEIN, SANDY  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            TREASURER  
Name            MATTHEWS, ROBIN  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            SECRETARY  
Name            OKSNER, ELAINE  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            VP  
Name            BROMFIELD, ARTHUR  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            ANDREW, DONNA  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            HARKINS, DIANE  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            ATTALLA, JULISSA  
Address        CMC MANAGEMENT, INC.  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

*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:** OKSNER , ELAINE**SECRETARY**

03/20/2023

Electronic Signature of Signing Officer/Director Detail

Date