

2017 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:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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 GREENWALD-DERET, KAREN A
Address 121 COVE ROAD
City-State-Zip: WEST PALM BEACH FL 33413

Title TREASURER, DIRECTOR
Name MELLONE, MICHAEL
Address 189 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 DIRECTOR
Name BROMFIELD, ARTHUR
Address 145 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

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

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date