

**2024 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

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title      TREASURER  
Name      BERTAZON, BEN  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      VP, SECRETARY  
Name      OKSNER, ELAINE  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      DIRECTOR  
Name      ANDREW, DONNA  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      DIRECTOR  
Name      ATTALLA, JULISSA  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      DIRECTOR  
Name      MATTHEWS, ROBIN  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      DIRECTOR  
Name      BROMFIELD, ARTHUR  
Address    CMC MANAGEMENT, INC.  
            2950 JOG RD  
City-State-Zip: GREENACRES FL 33467Title      PRESIDENT  
Name      HARKINS, DIANE  
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:** HARKINS , DIANE

PRESIDENT

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date