SIGNATURE:	CHERYL ALTEMOSE			04/27/2022
	Electronic Signature of Registered Agent			Date
Officer/Direct	tor Detail :			
Title	PRESIDENT	Title	VP	
Name	WHITE , CAMERON	Name	SOLOMONSON, JON	
Address	P.O. BOX 1011	Address	P.O. BOX 1011	
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734	
Title	SECRETARY	Title	TREASURER	
Name	SMITH, JOHN	Name	VIHTELIC, PATRICK	
Address	P.O. BOX 1011	Address	P.O. BOX 1011	
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734	
Title	DIRECTOR	Title	REGISTERED AGENT	
Name	LEWIS, ADAM	Name	ALTEMOSE, CHERYL	
Address	P.O. BOX 1011	Address	P.O. BOX 1011	
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734	

P.O. BOX 1011 GOTHA, FL 34734 US

Current Mailing Address:

FEI Number: 59-3355625

Name and Address of Current Registered Agent:

ALTEMOSE COMMUNITY MANAGEMENT 1326 PLEASANTRIDGE PLACE P.O. BOX 1011 GOTHA, FL 34734 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.

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.

MANGER

SIGNATURE: CHERYL ALTEMOSE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/27/2022

Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005988

Entity Name: SAND LAKE COVE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

1326 PLEASANTRIDGE PLACE ORLANDO, FL 32835