

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000628

Entity Name: SEYCHELLES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**112 SEYCHELLES COURT
ST AUGUSTINE, FL 32080**Current Mailing Address:**112 SEYCHELLES COURT
ST AUGUSTINE, FL 32080 US**FEI Number:** 59-3391319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIANI, DONNA E
112 SEYCHELLES COURT
SAINT AUGUSTINE, FL 32080 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	SECERATY
Name	MIANI, DONNA E
Address	112 SEYCHELLES CT.
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	PRESIDENT
Name	SAPIENZA, RUSSELL
Address	42 SALEM RIDGE DRIVE
City-State-Zip:	HUNTINGTON NY 11743

Title	DIR
Name	POLYAK, MAX
Address	3238 NW 57TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER
Name	HARDY, BEVERLY B
Address	117 SEYCHELLES CT
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIR
Name	GULLETT, JASON
Address	PO BOX 1600
City-State-Zip:	INTERLACHEN FL 32148

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: BEVERLY B HARDY**TREASURER****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date