

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741790

**Entity Name:** SEMORAN CLUB MANAGEMENT, INC.

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**1209558804CC**

**Current Principal Place of Business:**

C/O REALMANAGE  
200 S ORANGE AVE SUITE 1475  
ORLANDO, FL 32801

**Current Mailing Address:**

C/O REALMANAGE  
PO BOX 803555  
DALLAS, TX 75380 US

**FEI Number: 59-1863676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            GEORGE, SAVITRIE  
Address        C/O REALMANAGE  
                  200 S ORANGE AVE SUITE 1475  
City-State-Zip: ORLANDO FL 32801

Title            VP  
Name            OCHAGAVIA, FERNANDO  
Address        C/O REALMANAGE  
                  200 S ORANGE AVE SUITE 1475  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            GALANTE, BEVERLY  
Address        C/O REALMANAGE  
                  200 S ORANGE AVE SUITE 1475  
City-State-Zip: ORLANDO FL 32801

Title            TREASURER  
Name            TUCKER, BRENDA  
Address        C/O REALMANAGE  
                  200 S ORANGE AVE SUITE 1475  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name            JOHNSEN, GABRIELLE  
Address        C/O REALMANAGE  
                  200 S ORANGE AVE SUITE 1475  
City-State-Zip: ORLANDO FL 32801

*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: SAVITRIE GEORGE**

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date