## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000947

Entity Name: SOUTH COVE AT SUMMERFIELD HOMEOWNERS

ASSOCIATION, INC.

**Current Principal Place of Business:** 

INFRAMARK

2654 CYPRESS RIDGE BOULEVARD SUITE 101

WESLEY CHAPEL, FL 33544

**Current Mailing Address:** 

INFRAMARK

2654 CYPRESS RIDGE BOULEVARD SUITE 101

WESLEY CHAPEL, FL 33544 US

FEI Number: 20-0982442 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUARTE, ANTONIO 6221 LAND O'LAKES BLVD LAND O'LAKES, FL 34638 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: ANTONIO DUARTE 04/16/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title VP

Name BIELEWICZ, GEORGE Name REGISTER, CATHERINE

Address INFRAMARK Address INFRAMARK

2654 CYPRESS RIDGE BOULEVARD 2654 CYPRESS RIDGE BOULEVARD

SUITE 101 SUITE 101

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544

Title TREASURER Title SECRETARY
Name WILLIAMS, GREG Name BLAHA, THOMAS

Address INFRAMARK Address INFRAMARK

2654 CYPRESS RIDGE BOULEVARD 2654 CYPRESS RIDGE BOULEVARD

SUITE 101 SUITE 101

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544

Title PRESIDENT Title DIRECTOR

Name BURBA, CONNIE Name MARX, GARY

Address MERAMARIA

Address INFRAMARK Address INFRAMARK

2654 CYPRESS RIDGE BOULEVARD 2654 CYPRESS RIDGE BOULEVARD

SUITE 101 SUITE 101

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544

Title DIRECTOR
Name KNIGHT, CHERYL

Address INFRAMARK

2654 CYPRESS RIDGE BOULEVARD

SUITE 101

City-State-Zip: WESLEY CHAPEL FL 33544

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: CONNIE BURBA PRESIDENT 04/16/2024

FILED
Apr 16, 2024
Secretary of State
3396253797CC