2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 02, 2020
Secretary of State
3844119846CC

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Entity Name: SOUTH COVE AT SUMMERFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
ST. PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
ST. PETERSBURG, FL 33716 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 34639 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 01/02/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	ROWLAND, PHILLIP	Name	SANDERS, DANIEL
Address	2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	VP	Title	DIRECTOR
Name	LOPEZ JR, ALFONSO	Name	WILLIAMS, GREGORY
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR	Title	SECRETARY
Name	MINNICH, RONALD	Name	CLARKE, JAMES
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	TREASURER		
Name	BURBA, CONNIE		
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100		
City-State-Zip:	ST. PETERSBURG FL 33716		

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: DANIEL SANDERS PRESIDENT 01/02/2020

Electronic Signature of Signing Officer/Director Detail — Date