

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07899

Entity Name: SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1799 SW 35TH CIRCLE
OKEECHOBEE, FL 34974**Current Mailing Address:**504 NW 5TH AVENUE
OKEECHOBEE, FL 34972 US**FEI Number:** 65-0034031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAN, TIM
1629 SW 35TH CIRCLE
OKEECHOBEE, FL 34974 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:** TIM DEAN

03/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BANGERT, HOWARD
Address 1588 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title VICE PRESIDENT
Name TIMM, LARRY
Address 1742 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title TREASURER
Name DEAN, TIM
Address 1629 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title SECRETARY
Name MOODY, NATALIE
Address 1740 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name CARSTENSEN, GREG
Address 1531 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name ASHLEY, ELLEN
Address 1732 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name HARROD, STEVE
Address 1593 SW 35TH CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

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: TIM DEAN

TREASURER

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date