## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004245

Entity Name: SEMINOLE GROVES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 03, 2024
Secretary of State
7671329727CC

## **Current Principal Place of Business:**

C/O REALMANAGE 5523 W CYPRESS ST SUITE 102 TAMPA, FL 33607

## **Current Mailing Address:**

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

FEI Number: 47-4506160 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH 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

Officer/Director Detail:

Title VP Title DIRECTOR

Name POST, FREDRICK Name MATOS, LUIS MIGNUCCI

Address C/O REALMANAGE Address C/O REALMANAGE

5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title SECRETARY Title PRESIDENT

Name ROGERS, PAUL Name SMYSER, ALBERT III

Address C/O REALMANAGE Address C/O REALMANAGE

5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102 City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title TREASURER

Name INFANTINO, DANIEL JOSEPH

Address C/O REALMANAGE

5523 W CYPRESS ST SUITE 102

City-State-Zip: TAMPA FL 33607

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: ALBERT SMYSER III PRESIDENT 04/03/2024

Date