

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004731

Entity Name: SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 01, 2013
Secretary of State
CC5205952995

Current Principal Place of Business:

1160 TROPICAL COVE DR.
MERRITT ISLAND, FL 32952

Current Mailing Address:

P.O. BOX 542423
MERRITT ISLAND, FL 32954 US

FEI Number: 59-3207627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROWLEY, NANCY
1160 TROPICAL COVE DR
MERRITT ISLAND, FL 32952 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 PD
Name ACOSTA, RUBEN
Address 3161 RED SAILS CT
City-State-Zip: MERRITT ISLAND FL 32952

Title VPD
Name HARTMANN, WALTER
Address 3140 LOST LAGOON CT
City-State-Zip: MERRITT ISLAND FL 32952

Title TD
Name CROWLEY, NANCY
Address 1160 TROPICAL COVE DR
City-State-Zip: MERRITT ISLAND FL 32952

Title SD
Name CROWLEY, NANCY
Address 1160 TROPICAL COVE DRIVE
City-State-Zip: MERRITT ISLAND FL 32952

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: NANCY W. CROWLEY

SECRETARY

03/01/2013

Electronic Signature of Signing Officer/Director Detail

Date