## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004731

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

FILED
Jan 25, 2024
Secretary of State
9111451863CC

**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 Title VPD

Name HILKER, STEVE Name CROWLEY, PAUL

Address 1220 TROPICAL COVE DR Address 1160 TROPICAL COVE DR

City-State-Zip: MERRITT ISLAND FL 32952 City-State-Zip: MERRITT ISLAND FL 32952

Title TD Title SD

Name CROWLEY, NANCY Name CROWLEY, NANCY

Address 1160 TROPICAL COVE DR Address 1160 TROPICAL COVE DRIVE

City-State-Zip: MERRITT ISLAND FL 32952 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 CROWLEY

SD/TD

01/25/2024