

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004731

**FILED  
Mar 08, 2020  
Secretary of State  
3309967784CC**

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

**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 WATERS, DWAYNE  
Address 3131 PEACEFUL ISLE CT  
City-State-Zip: MERRITT ISLAND FL 32952

Title VPD  
Name CROWLEY, PAUL  
Address 1160 TROPICAL COVE DR  
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 CROWLEY

**SECRETARY/TREASURER** 03/08/2020

Electronic Signature of Signing Officer/Director Detail

Date