

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004731

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** 03/05/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date