

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005988

**Entity Name:** SAND LAKE COVE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

1326 PLEASANTRIDGE PLACE  
ORLANDO, FL 32835

**Current Mailing Address:**

P.O. BOX 1011  
GOTHA, FL 34734 US

**FEI Number:** 59-3355625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALTEMOSE COMMUNITY MANAGEMENT  
1326 PLEASANTRIDGE PLACE  
P.O. BOX 1011  
GOTHA, FL 34734 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:** CHERYL ALTEMOSE

04/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WHITE , CAMERON  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

Title            VP  
Name            SOLOMONSON, JON  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

Title            SECRETARY  
Name            SMITH, JOHN  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

Title            TREASURER  
Name            VIHTELCIC, PATRICK  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

Title            DIRECTOR  
Name            LEWIS, ADAM  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

Title            REGISTERED AGENT  
Name            ALTEMOSE, CHERYL  
Address        P.O. BOX 1011  
City-State-Zip: GOTHA FL 34734

*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:** CHERYL ALTEMOSE

**MANAGING AGENT**

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date