## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004617

FILED Mar 26, 2012 Secretary of State

Entity Name: THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

10221 EMERALD COAST PARKWAY WEST

SUITE 23 MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:** 

**New Mailing Address:** 

10221 EMERALD COAST PARKWAY WEST

SUITE 23

MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3401095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GELDER, JAY B 10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 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

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: THALL, NEIL

Address: 10221 EMERALD COAST PKWY, W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D

Name: LOVELL, DAVE

Address: 10221 EMERALD COAST PKWY. W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title:

Name: EBERSFIELD, ED

Address: 10221 EMERALD COAST PKWY. W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: SCTR

Name: LINDER, WILLIAM

Address: 10221 EMERALD COAST PKWY. W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VP

Name: SUSAN, ESTIS

Address: 10221 EMERALD COAST PKWY, W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: [

Name: HOGAN, NANCY

Address: 10221 EMERALD COAST PKWY, W, SUITE 23

City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: NEIL THALL PD 03/26/2012