	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY	Title	TREASURER	
Name	BAUGHMAN, BRITTANY LEIGH	Name	KIRMZE, LAURA LEA	
Address	2386 PINENEEDLE DR	Address	6841 LEISURE ST	
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566	
Title	PRESIDENT	Title	VP - NORTH	
Name	SMITH, MICHAEL STANLEY	Name	SMITH, HERBERT D III	
Address	2040 BAYOU DR	Address	7875 FRANKFORT ST	
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566	
Title	VP-SOUTH			
Name	JOINER, BENJAMIN			
Address	7736 SEAWARD ST			

# Entity Name: HOLLEY BY THE SEA IMPROVEMENT ASSOCIATION, INC. **Current Principal Place of Business:**

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

6845 NAVARRE PKWY NAVARRE, FL 32566

**DOCUMENT# 722500** 

REPORT

### **Current Mailing Address:**

6845 NAVARRE PKWY NAVARRE, FL 32566 US

### FEI Number: 59-2490796

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

SIGNATURE: /S/ LESLIE D. SHEEKLEY, ESQ.

HAND ARENDALL HARRISON SALE LLC 35008 EMERALD COAST PARKWAY **FIFTH FLOOR** DESTIN, FL 32541 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.

## 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: LAURA LEA KIRMZE

City-State-Zip: NAVARRE FL 32566

TREASURER

07/17/2023

Electronic Signature of Signing Officer/Director Detail

07/17/2023 Date

## FILED Jul 17, 2023 Secretary of State 0538808567CC

Certificate of Status Desired: No