

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722549

Entity Name: WASHINGTON ARMS MANAGEMENT, INC.**Current Principal Place of Business:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**Current Mailing Address:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**FEI Number:** 59-1449619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, SUZI
190 E. OLMSTEAD DR.
OFFICE/CLUBHOUSE
TITUSVILLE, FL 32780 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:** SUZI MILLER

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT
Name SELLERS, BRUCE
Address 190 E. OLMSTEAD DR
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY
Name MILLER, SUZI
Address 190 E. OLMSTEAD DR.
City-State-Zip: TITUSVILLE FL 32780

Title PRESIDENT
Name CLOUSER, GREG
Address 190 E. OLMSTEAD DR.
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name BUDSBERG, RICHARD
Address 190 E OLMSTEAD DR
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER
Name MULLIGAN, BARBARA
Address 190 E OLMSTEAD DR
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name FIDLER, DON
Address 190 E. OLMSTEAD DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name STONE, JANIS
Address 190 E. OLMSTEAD DR.
City-State-Zip: TITUSVILLE FL 32780

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: GREG CLOUSER

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date