

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762038

Entity Name: SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**128 BLUE MOUNTAIN RD
APT 4
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P.O. BOX 1976
SANTA ROSA BEACH, FL 32459 US**FEI Number: 59-2503218****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, JAMES A
128 BLUE MOUNTAIN RD.
APT 4
SANTA ROSA BEACH, FL 32459 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 DIRECTOR
Name POWERS, BILL
Address P.O. BOX 880211
City-State-Zip: STEAMBOAT SPRINGS CO 80488-0211Title DIRECTOR
Name CUNNINGHAM, LAURA
Address 1907 RIVER RIDGE DR
City-State-Zip: HOOVER AL 35244Title VP
Name FORTNER, NELL
Address 128 BLUE MOUNTAIN RD
APT 6
City-State-Zip: SANTA ROSA BEACH FL 32459Title TREASURER
Name FLEXER, DAVID
Address 917 SILVERTON ST
City-State-Zip: SOUTHLAKE TX 76092Title PRESIDENT
Name ALVAREZ, SALLY
Address 107 FOX RUN DRIVE
City-State-Zip: MANDEVILLE LA 70471

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: SALLY ALVAREZ**PRESIDENT****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date