

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762038

**Entity Name:** SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC5097065620**

**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 VP  
Name SUTTER, PETE  
Address 369 SERENITY LOOP  
City-State-Zip: CATAULA GA 31804

Title TREASURER  
Name HUBBARD, ANABEL  
Address 700 W. FRIESEN RD  
City-State-Zip: LAKE CHARLES LA 70607

Title PRESIDENT  
Name POWERS, BILL  
Address P.O. BOX 880211  
City-State-Zip: STEAMBOAT SPRINGS CO 80488-0211

Title DIRECTOR  
Name FLEXER, DAVID  
Address 917 SILVERTON ST  
City-State-Zip: SOUTHLAKE TX 76092

Title DIRECTOR  
Name CUNNINGHAM, LAURA  
Address 1907 RIVER RIDGE DR  
City-State-Zip: HOOVER AL 35244

*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: BILL POWERS**

**PRESIDENT**

**03/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date