

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766982

Entity Name: SAN DE LUNA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5743 QUINTETTE ROAD
PACE, FL 32571**Current Mailing Address:**P.O. BOX 11690
PENSACOLA, FL 32524 US**FEI Number:** 59-2390024**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPATA, DAN
5743 QUINTETTE ROAD
PACE, FL 32571 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	D
Name	NELMS, GARY
Address	1350 FT. PICKENS ROAD
City-State-Zip:	PENSACOLA BEACH FL 32571

Title	D
Name	LEVAN, PAT
Address	1350 FT. PICKENS ROAD
City-State-Zip:	PENSACOLA BEACH FL 32571

Title	PD
Name	OLEVSON, KEN
Address	1624 CROW COURT
City-State-Zip:	SUNNYVALE CA 94087

Title	TD
Name	SPATA, DAN
Address	5743 QUINTETTE ROAD
City-State-Zip:	PACE FL 32571

Title	D
Name	GARAFANO, RICHARD
Address	1350 FT. PICKENS ROAD
City-State-Zip:	PENSACOLA BEACH FL 32571

Title	D, VP
Name	KENNEDY, TOM
Address	1350 FT. PICKENS ROAD
City-State-Zip:	PENSACOLA FL 32571

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: DAN SPATA

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02/19/2015

Electronic Signature of Signing Officer/Director Detail_____
Date