

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

DOCUMENT# N01000004118

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC3926869136**

**Entity Name:** BOTANY BAYOU HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

334 BOTANY BOULEVARD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 6615  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-3724948

**Certificate of Status Desired:** No

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

DUNLAP & SHIPMAN, P. A.  
2063 COUNTY HIGHWAY 395  
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:** DAVID@DUNLAPSHIPMAN.COM

01/22/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FLOCKTON, KEVIN  
Address        334 BOTANY BOULEVARD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            VP, DIRECTOR  
Name            GOTTIER, RALPH  
Address        22 GRAND FLORA WAY  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            SECRETARY, DIRECTOR  
Name            GOAD, DAVID  
Address        379 BOTANY BOULEVARD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            TREASURER, DIRECTOR  
Name            AVERA, LARRY O.  
Address        120 BOTANY BOULEVARD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            DIRECTOR  
Name            COURTNEY, ALLEN  
Address        56 CORTE PALMA  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            D  
Name            LAMON, CLARENCE DAVID III  
Address        99 GRAND FLORA WAY  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** KEVIN FLOCKTON

**PRESIDENT**

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date