

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002461

Entity Name: SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O MAY MGMT SERVICES, INC
5455 HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**5455 A1A SOUTH
ST. AUGUSTINE, FL 32080**FEI Number:** 03-0432677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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	TREASURER
Name	MATTHEWS, WILLIAM
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	SECRETARY
Name	ROSE, GARIE
Address	C/O MAY MGMT SERVICES, INC 5455 HWY A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	CLAYTON, ELLEN
Address	C/O MAY MGMT SERVICES, INC 5455 HWY A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	PRESIDENT
Name	DEBEE, BARBARA
Address	C/O MAY MGMT SERVICES, INC 5455 HWY A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	MEEKS, STEPHEN
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	SPRINGFIELD, RAY W
Address	C/O MAY MGMT SERVICES, INC 5455 HWY A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: BARBARA DEBEE

PRESIDENT

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date