

2015 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	DIRECTOR
Name	MERRIT, ERV
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	DEBEE, BARBARA
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	PRESIDENT
Name	MATTHEWS, WILLIAM
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	KEIM, JOHN
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TREASURER
Name	PROVOST, FRANCES
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	ULASEWICA, MARGARET
Address	5455 A1A SOUTH
City-State-Zip:	ST 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: WILLIAM MATTHEWS**PRESIDENT****03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date