

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008708

**Entity Name:** WESLEY HAVEN VILLA, INC.**Current Principal Place of Business:**1520 COOPER HILL ROAD  
BIRMINGHAM, AL 35210**Current Mailing Address:**1520 COOPER HILL ROAD  
BIRMINGHAM, AL 35210**FEI Number:** 04-3743805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DANIEL, JOHN P  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32501 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 TOMLIN, CHRISTOPHER W  
Address 1520 COOPER HILL ROAD  
City-State-Zip: BIRMINGHAM AL 35210

Title PRESIDENT  
Name SALTER, BETTY  
Address 1425 FINLEY DRIVE  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name ROBERTS, HENRY  
Address 6 EAST WRIGHT STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name GILES, MICHAEL D  
Address 1520 COOPER HILL ROAD  
City-State-Zip: BIRMINGHAM AL 35210

Title DIRECTOR  
Name SADLER, HERB  
Address 3 FAIRPOINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name PEREZ, MARTHA  
Address 1900 SUMMIT BLVD  
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY  
Name TERRY, TAKACS  
Address 75 FAIRPOINTE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name GAFFNEY, BARBARA  
Address 8206 EXCELSIOR DRIVE  
City-State-Zip: PENSACOLA FL 32514

**Continues on page 2**

*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: MICHAEL D. GILES****DIRECTOR****05/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCCLELLAN, STEPHAN A
Address	1479 W. DETROIT BLVD
City-State-Zip:	PENSACOLA FL 32534