2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 20, 2025
Secretary of State
1530473449CC

DOCUMENT# N03000003976

Entity Name: THE VILLAS AT SEACREST BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5 SEACREST BEACH BLVD E
INLET BEACH, FL 32461

Current Mailing Address:

C/O BLUE SKIES ASSOCIATION MGT
PO BOX 9835
PANAMA CITY BEACH, FL 32417 US

FEI Number: 04-3757160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUE SKIES ASSOCIATION MANAGEMENT
5315 PINETREE AVE
PANAMA CITY BEACH, FL 32408 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: LORAINE BLUE 06/20/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	TUDOR, JACK	Name	WALKER , JOHN
Address	C/O BLUE SKIES ASSOCIATION MGT PO BOX 9835	Address	C/O BLUE SKIES ASSOCIATION MGT PO BOX 9835
City-State-Zip:	PANAMA CITY BEACH FL 32417	City-State-Zip:	PANAMA CITY BEACH FL 32417
Title	SECRETARY	Title	TREASURER
Name	AZAR, MELINDA	Name	MROZIK, WALLY
Address	C/O BLUE SKIES ASSOCIATION MGT PO BOX 9835	Address	C/O BLUE SKIES ASSOCIATION MGT PO BOX 9835
City-State-Zip:	PANAMA CITY BEACH FL 32417	City-State-Zip:	PANAMA CITY BEACH FL 32417
Title	CAM		
Name	BLUE, LORAINE		
Address	C/O BLUE SKIES ASSOCIATION MGT PO BOX 9835		
City-State-Zip:	PANAMA CITY BEACH FL 32417		

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: LORAINE BLUE CAM 06/20/2025

Electronic Signature of Signing Officer/Director Detail — Date