

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003976

Entity Name: THE VILLAS AT SEACREST BEACH OWNERS ASSOCIATION, INC.**FILED**
Mar 25, 2021
Secretary of State
4688869073CC**Current Principal Place of Business:**156 NORTH COUNTY HIGHWAY 393
#7
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**156 NORTH COUNTY HIGHWAY 393
#7
SANTA ROSA BEACH, FL 32459 US**FEI Number: 04-3757160****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOCAL ASSOCIATION MANAGEMENT
156 NORTH COUNTY HIGHWAY 393
#7
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: JARED WALKER****03/25/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MROZIK, WALLY
Address	156 NORTH COUNTY HIGHWAY 393 #7
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	TREASURER
Name	WALKER , JOHN
Address	156 NORTH COUNTY HIGHWAY 393 #7
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	SECRETARY
Name	MOONEY, TIMOTHY
Address	156 NORTH COUNTY HIGHWAY 393 #7
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	VP
Name	TUDOR, JACK
Address	156 NORTH COUNTY HIGHWAY 393 #7
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	AZAR, MINDY
Address	156 NORTH COUNTY HIGHWAY 393 #7
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: WALLY MROZIK**PRESIDENT****03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date