

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004213

**Entity Name:** SOUTH WALTON BUSINESS CENTER OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 23, 2023**  
**Secretary of State**  
**5026194169CC**

**Current Principal Place of Business:**

605 COUNTY HIGHWAY 393 N.  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

970 GULF SHORE DR.  
DESTIN, FL 32541 US

**FEI Number: 13-4248288**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KENT, MICHAEL  
PROGRESSIVE MANAGEMENT OF AMERICA, INC.  
970 GULF SHORE DRIVE  
DESTIN, FL 32541 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 SECRETARY  
Name JERRY, OGLE  
Address PO BOX 360750  
City-State-Zip: BIRMINGHAM AL 35236

Title PRESIDENT  
Name MACHAMAR, TOM  
Address PO BOX 1203 32459  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name BRIAN, RABON  
Address 15-B CLARA LN  
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: TOM MACHAMAR**

**PRESIDENT**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date