

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

DOCUMENT# N04000002196

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**3726925309CC**

**Entity Name:** SEANEST VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE, INC.  
7 TOWN CENTER LOOP, STE C16  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

POST OFFICE BOX 1247  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 20-0992626

**Certificate of Status Desired:** Yes

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

STENBERG, CINDY  
7 TOWN CENTER LOOP  
STE C16  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name RYAN, CHARLES S  
Address 4257 WALNUT GROVE ROAD  
City-State-Zip: MEMPHIS TN 38117

Title SECRETARY, TREASURER  
Name LACLAIR, JOHN D  
Address 172 SAND OAKS CIRCLE  
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:** CHARLES S RYAN

**PRESIDENT**

**03/27/2019**

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

\_\_\_\_\_  
Date