

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005051

Entity Name: OVATION ON CAPE SAN BLAS HOMEOWNERS' ASSOCIATION, INC.

FILED
Jun 15, 2019
Secretary of State
3716492712CC

Current Principal Place of Business:

346 PINNACLE DRIVE
CAPE SAN BLAS, FL 32456

Current Mailing Address:

P.O. BOX 961
PORT ST. JOE, FL 32457 US

FEI Number: 20-3055938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNEY AND ASSOCIATES
514 MAGNOLIA AVE
PANAMA CITY, FL 32401 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: GARTH BONNEY

06/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NICHOLSON, MICHAEL
Address 7080 SUMMIT RIDGE CHASE
City-State-Zip: CUMMING GA 30041

Title VP
Name MARVIN, MARLIN
Address 162 REGATTA DRIVE
City-State-Zip: PORT ST. JOE FL 32456

Title PRESIDENT
Name HUDSON, RANDY D
Address P.O. BOX 527
City-State-Zip: OCILLA GA 61774

Title OFFICER
Name FALBERG, BRAD
Address 320 FALLS POINT TRAIL
City-State-Zip: JOHNS CREEK GA 30022

Title SECRETARY
Name PATCHES, JEREMY
Address 116 NEEL LANE
City-State-Zip: GEORGETOWN KY 40324

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 NICHOLSON

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06/15/2019

Electronic Signature of Signing Officer/Director Detail

Date