

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005051

**Entity Name:** OVATION ON CAPE SAN BLAS HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**0027689948CC****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****06/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title	SECRETARY
Name	PENHALLEGON, CLAYTON
Address	75 REDBUD LANE #302
City-State-Zip:	INLET BEACH FL 32461

Title	TREASURER
Name	GILMARTIN, BRIAN
Address	8420 VANCE COURT
City-State-Zip:	COLORADO SPRINGS CO 80919

*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: MARVIN MARLIN****PRESIDENT****06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date