### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600001099

Entity Name: SANTA ROSA GOLF VILLAS OWNERS ASSOCIATION, INC.

FILED
Mar 25, 2021
Secretary of State
7079227817CC

## **Current Principal Place of Business:**

42 GOLF VILLAS DRVE

SANTA ROSA BEACH, FL 32459

## **Current Mailing Address:**

156 NORTH COUNTY HIGHWAY 393

#7

SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-5347685 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: LAM 03/25/2021

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

Title TREASURER, SECRETARY Title DIRECTOR

Name MILDE, HEATHER Name SAUER, DOUG

Address 156 NORTH COUNTY HIGHWAY 393 Address 156 NORTH COUNTY HIGHWAY 393

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT Title VP

Name WILLIAMS, SHANNON Name JACOBSON, DAVID

Address 156 NORTH COUNTY HIGHWAY 393 Address 156 NORTH COUNTY HIGHWAY 393

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name PERRY, JUSTIN

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: SHANNON WILLIAMS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/25/2021