

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

DOCUMENT# N06000001099

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

**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

06/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BROUSSARD, ROBERT  
Address 238 GOLF VILLA DR.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name ESTES, MAURY  
Address 9631 WALDROP DRIVE  
City-State-Zip: HUNTSVILLE AL 35803

Title PRESIDENT  
Name WENDELL, MOORE  
Address 156 NORTH COUNTY HIGHWAY 393  
#7  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name SAUER, DOUG  
Address GOLF VILLA DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name GIBBONS, MICHAEL  
Address 829 CALEDONIA-STEENS RD  
City-State-Zip: STEENS MS 39766

*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:** WENDELL MOORE

PRES

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date