

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09468

FILED
Jan 18, 2017
Secretary of State
CC5370695614

Entity Name: PLAYERS CLUB ON THE BAY, INC.

Current Principal Place of Business:

28 PLAYERS CLUB
MIRAMAR BEACH, FL 32550

Current Mailing Address:

C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 7102
DESTIN, FL 32541 US

FEI Number: 59-2543489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
DESTIN, FL 32541 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: KATHLEEN CRESSE

01/18/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ELLISON, DAVE
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title SECRETARY, TREASURER
Name SCHUPPERT, KENETH
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name HILL, COY
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name LOWTHER, JOHN
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title PRESIDENT
Name HILL, STEVEN
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title VP
Name PUGH, RICHARD
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title D
Name SLATE, CHRIS
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title D
Name BARBER, BARRY
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

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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 on the Florida Franchise Disclosure Document as required by law.

SIGNATURE: STEVEN HILL

PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BARBER, ED
Address C/O SOUTHERN ASSOCIATION MANAGEMENT
 36468 EMERALD COAST PARKWAY SUITE 7102
City-State-Zip: DESTIN FL 32541