

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11913

Entity Name: SEACLIFFS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

652 SEACLIFFS DR
PORT SAINT JOE, FL 32456

Current Mailing Address:

POST OFFICE BOX 1008
PORT SAINT JOE, FL 32457 US

FEI Number: 59-2756034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDREA HEARD
652 SEACLIFFS DRIVE
PORT ST. JOE, FL 32456 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PREVATT, VICTOR
Address 1938 BOX SPRINGS ROAD
City-State-Zip: BOX SPRINGS GA 31801

Title TREASURER
Name HEARD, ANDREA
Address 652 SEACLIFFS DRIVE
City-State-Zip: PORT SAINT JOE FL 32456

Title SECRETARY
Name SHEPPARD, RICHARD
Address 663 LAKEWOOD DR
City-State-Zip: LAGRANGE GA 30240

Title DIRECTOR
Name EBERHARDT, GLYNN
Address 2222 WILDWOOD CIRCLE
City-State-Zip: COLUMBUS GA 31906

Title PRESIDENT
Name METCALF, DAVID
Address 1586 GOLF TERRACE DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name DENNY, CHRISTOPHER
Address 6735 CHESAPEAKE PT NW
City-State-Zip: ATLANTA GA 30328

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: ANDREA HEARD

TREASURER

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date