# 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.

PRESIDENT

#### SIGNATURE: CHRISTOPHER DENNY

Electronic Signature of Signing Officer/Director Detail

#### 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

## Name and Address of Current Registered Agent:

VANVLEET, DEBRA K 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	: DEBRA K VANVLEET			04/06/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY	Title	VP	
Name	WISE, SARAH	Name	TARANTINE, RUTH	
Address	130 STONEHILL DRIVE	Address	5210 MIDDLE RD	
City-State-Zip:	FORSYTHE GA 31029	City-State-Zip:	GIBSONIA PA 15044	
Title	TREASURER	Title	PRESIDENT	
Name	EPPS, DAVID	Name	DENNY, CHRISTOPHER	
Address	2079 ECTOR OVERLOOK NW	Address	6735 CHESAPEAKE PT NW	
City-State-Zip:	KENNESAW GA 30152-4763	City-State-Zip:	ATLANTA GA 30328	
Title	DIRECTOR			
Name	SMITH, PHILIP			
Address	PO BOX 3120			
City-State-Zip:	CUMMING GA 30028-6515			

Certificate of Status Desired: No

FILED Apr 06, 2019 Secretary of State 3867986717CC

> 04/06/2019 Date