

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008246

**Entity Name:** WALTON COUNTY SMALL BUSINESS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**0998027463CC**

**Current Principal Place of Business:**

1394 COUNTY HIGHWAY 283 S.  
BUIDLING #3  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

1394 COUNTY HIGHWAY 283 S.  
BUIDLING #3  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 46-4180098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HILL COLEMAN CPA  
12805 US HWY 98 E  
STE B202  
INLET BEACH, FL 32461 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: AMY D COLEMAN**

**04/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'CONNELL, NEILL  
Address        1394 COUNTY HIGHWAY 283 S.  
                  BUIDLING #3  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            TREASURER  
Name            COLEMAN, AMY D  
Address        12805 US HWY 98 E  
                  SUITE B202  
City-State-Zip: INLET BEACH FL 32461

Title            VP  
Name            AKERS, STEVE  
Address        1394 COUNTY HIGHWAY 283 S.  
                  BUIDLING #3  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            SECRETARY  
Name            WARD, MELISSA  
Address        1394 COUNTY HIGHWAY 283 S.  
                  BUIDLING #3  
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: AMY D COLEMAN**

**AUTHORIZED  
REPRESENTATIVE**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date