DOCUMENT# N1900006762				Jan 31, 2023	
Entity Name	EXERALD COVE VILLAS HOMEOWNERS	ASSOCIATION	N, INC.	Secretary of State 5901414683CC	
2827 JOAN AV	ncipal Place of Business: ENUE STE. B BEACH, FL 32408			330141408366	
Current Ma	iling Address:				
	AVENUE STE. B ITY BEACH, FL 32408 US				
FEI Number: 84-2868513 Certific		Certificate of	ificate of Status Desired: No		
Name and A	Address of Current Registered Agent:				
BURG/WYNN 215 HARRISOI					
	, FL 32401 US				
PANAMA CITY		stered office or regis	tered agent, or both,	in the State of Florida.	
PANAMA CITY	, FL 32401 US	stered office or regis	tered agent, or both,	in the State of Florida. 01/31/2023	
PANAMA CITY	, FL 32401 US d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both,		•
PANAMA CITY The above name SIGNATURI	, FL 32401 US d entity submits this statement for the purpose of changing its regi E: CAMERON FUQUA	stered office or regis	tered agent, or both,	01/31/2023	-
PANAMA CITY The above name SIGNATURI	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regineration of CAMERON FUQUA</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both,	01/31/2023	-
PANAMA CITY The above name SIGNATURI Officer/Dire	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regineration of the purpose of changing its regineration of the purpose of changing its regineration of the purpose of the purpose of changing its regineration of the purpose of the purpose</li></ul>			01/31/2023 Date	-
PANAMA CITY The above name SIGNATURI Officer/Dire Title	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regises</li> <li>CAMERON FUQUA</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>VP</li> </ul>	Title	TREASURER	01/31/2023 Date	-
PANAMA CITY The above name SIGNATURI Officer/Dire Title Name	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regises</li> <li>CAMERON FUQUA</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>VP</li> <li>BAILEY , STEVEN</li> <li>2827 JOAN AVENUE STE. B</li> </ul>	Title Name Address	TREASURER PERRY, JANAY 2827 JOAN AVE	01/31/2023 Date	-
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PANAMA CITY The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip:	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regises</li> <li>CAMERON FUQUA</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>VP</li> <li>BAILEY , STEVEN</li> <li>2827 JOAN AVENUE STE. B</li> <li>PANAMA CITY BEACH FL 32408</li> </ul>	Title Name Address	TREASURER PERRY, JANAY 2827 JOAN AVE	01/31/2023 Date A :NUE STE. B	-
PANAMA CITY The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	<ul> <li>FL 32401 US</li> <li>d entity submits this statement for the purpose of changing its regises</li> <li>CAMERON FUQUA</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>VP</li> <li>BAILEY , STEVEN</li> <li>2827 JOAN AVENUE STE. B</li> <li>PANAMA CITY BEACH FL 32408</li> <li>PRESIDENT</li> </ul>	Title Name Address	TREASURER PERRY, JANAY 2827 JOAN AVE	01/31/2023 Date A :NUE STE. B	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: MELISSA LONG

PRESIDENT

01/31/2023

FILED Jan 31, 2023

Electronic Signature of Signing Officer/Director Detail