Entity Name: SOUTH WALTON COMMUNITY COUNCIL, INC.			Secretary of State 1372145956CC
228 MARKET S	ncipal Place of Business: T BEACH, FL 32459		137214393066
SANTA KUSA I	DEACH, FL 32409		
Current Mai	ling Address:		
P.O. BOX 16 SANTA ROS	61 SA BEACH, FL 32459 US		
FEI Number: 59-3405269		Certificate of Status Desired: Yes	
Name and Address of Current Registered Agent:			
FICARRA, ALA 47 BAYSTAR L SANTA ROSA			
The above name	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: ALAN FICARRA		
			01/28/2023
	Electronic Signature of Registered Agent		01/28/2023 Date
Officer/Dire	Electronic Signature of Registered Agent		
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent	Title	
	Electronic Signature of Registered Agent	Title Name	Date
Title	Electronic Signature of Registered Agent ctor Detail : DIRECTOR, PRESIDENT		Date DIRECTOR, TREASURER
Title Name Address	Electronic Signature of Registered Agent ctor Detail : DIRECTOR, PRESIDENT FICARRA, ALAN	Name	Director, treasurer TRICKER, FRED 163 SAN JUAN AVE
Title Name Address	Electronic Signature of Registered Agent ctor Detail : DIRECTOR, PRESIDENT FICARRA, ALAN 228 MARKET ST	Name Address	Director, treasurer TRICKER, FRED 163 SAN JUAN AVE
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> DIRECTOR, PRESIDENT FICARRA, ALAN 228 MARKET ST SANTA ROSA BEACH FL 32459	Name Address City-State-Zip:	Director, treasurer TRICKER, FRED 163 SAN JUAN AVE SANTA ROSA BEACH FL 32459
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DIRECTOR, PRESIDENT FICARRA, ALAN 228 MARKET ST SANTA ROSA BEACH FL 32459 DIRECTOR	Name Address City-State-Zip: Title	Director, treasurer Tricker, fred 163 San Juan Ave Santa Rosa Beach FL 32459 Director

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600003113

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.

Title

Name

Address

City-State-Zip:

## SIGNATURE: FRED TRICKER

DIRECTOR

21 JOY LANE

City-State-Zip: SANTA ROSA BEACH FL 32459

LANDRY, MARGARET

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

LISA, VEIGA

188 ALLEN LOOP DR

SANTA ROSA BEACH FL 32459

01/28/2023 Date

FILED Jan 28, 2023