

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003113

Entity Name: SOUTH WALTON COMMUNITY COUNCIL, INC.**Current Principal Place of Business:**228 MARKET ST
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P.O. BOX 1661
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 59-3405269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FICARRA, ALAN
47 BAYSTAR LANE
SANTA ROSA BEACH, FL 32459 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:** ALAN FICARRA

03/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name FICARRA, ALAN
Address 228 MARKET ST
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR, TREASURER
Name TRICKER, FRED
Address 95 BARCELONA AVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name MORANO, BARBARA
Address 12 DOCK ST
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name POWERS, RANDY
Address 190 BARTON'S WAY
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name LANDRY, MARGARET
Address 21 JOY LANE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name LISA, VEIGA
Address 188 ALLEN LOOP DR
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name TALBERT, JEFFREY
Address 768 CJ LAIRD RD
City-State-Zip: PONCE DE LEON FL 32455

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: FRED TRICKER

TREASURER

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date