# Entity Name: THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459

DOCUMENT# N9800002683

# **Current Mailing Address:**

PO BOX 1247 SANTA ROSA BEACH, FL 32459 US

# FEI Number: 59-3521038

### Name and Address of Current Registered Agent:

SHIPMAN, GARY A 1414 CO HWY 283 S STE B 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

	Title	D	Title	DIRECTOR, TREASURER
	Name	JIM, BALKCOM	Name	STRATON, JACK
	Address	# 50 THE PARKSIDE	Address	6530 GREEN SHADOWS LANE
	City-State-Zin	78 LINDBERG DR ATLANTA GA 30305	City-State-Zip:	MEMPHIS TN 38119-6625
	ony onate zip.		Title	DIRECTOR, VP
	Title	PRESIDENT	Name Address City-State-Zip:	SCIARABBA, JOHN
	Name	NICHOLS, CAROL JACQUES		449 GREEN GLADE ROAD BIRMINGHAM AL 35244
	Address	812 RUE DECATUR		
	City-State-Zip:	METAIRIE LA 70005		
	Title	SECRETARY		
	Title	SECRETARY		
	Name	MITCHELL, ROYCE		
	Address	206 SEAWINDS DRIVE		
	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: CAROL JACQUES NICHOLS

PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 19, 2016 Secretary of State CC5604403230

Certificate of Status Desired: Yes

Date