

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002683

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1305603945**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 59-3521038**

**Certificate of Status Desired: Yes**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            JIM, BALKCOM  
Address        # 50 THE PARKSIDE  
                  78 LINDBERG DR  
City-State-Zip: ATLANTA GA 30305  
  
Title            SECRETARY, TREASURER  
Name            COX, CHAN  
Address        3239 PINE RIDGE ROAD  
City-State-Zip: BIRMINGHAM AL 35213

Title            VP  
Name            ROSS, GENEVA  
Address        77 CHATEAU LATOUR  
City-State-Zip: KENNER LA 70065  
  
Title            PRESIDENT  
Name            JACQUES, CAROL  
Address        812 RUE DECATUR  
City-State-Zip: METAIRIE LA 70005

*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**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date