

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002683

FILED
Apr 24, 2024
Secretary of State
9390191659CC

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

Current Principal Place of Business:

COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY. STE. 2101
DESTIN, FL 32541

Current Mailing Address:

COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
ATLANTA, GA 30318 US

FEI Number: 59-3521038

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT ASSOCIATES INC.
COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY. STE. 2101
DESTIN, FL 32541 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: JAMES H. DEVLIN

04/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER
Name HARRINGTON, JACK
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title VP
Name SCIARABBA , JOHN
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title TREASURER
Name KUPPERMAN, STEPHEN
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title AGENT
Name DEVLIN, JAMES H.
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title BOARD MEMBER
Name BALKCOM, LINDA
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title PRESIDENT
Name CRIVOLIO, ROSE
Address COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

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: JAMES H DEVLIN

AGENT

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date