2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900002826

Entity Name: VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1616 METROPOLITAN CIRCLE SUITE C TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 11143 TALLAHASSEE, FL 32302 US

FEI Number: 59-3663031

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT 1616 METROPOLITAN CIRCLE SUITE C TALLAHASSEE, FL 32308 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 :

Officer/Director Detail :				
Title	D	Title	DT	
Name	RUDD, RYDER	Name	BUNKER, CLEMENTINE	
Address	PO BOX 11143	Address	PO BOX 11143	
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302	
Title	DS	Title	DVP	
Name	HARRISON, TYLER	Name	PEEPLES, WINN	
Address	PO BOX 11143	Address	PO BOX 11143	
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302	
Title	D	Title	MA	
Name	WILHELM, JACKIE	Name	FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.	
Address	PO BOX 11143	Address	PO BOX 11143	
City-State-Zip:	TALLAHASSEE FL 32302			
City-State-Zip.	TALAINOOLL IL 32302	City-State-Zip:	TALLAHASSEE FL 32302	

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.

CAM

SIGNATURE: JOANIE TROTMAN

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2024 Secretary of State 6492159239CC

Certificate of Status Desired: No

04/30/2024

Date

Date