## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002826

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 Certificate of Status Desired: No

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 Date

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 PD

NameHARRISON, TYLERNameREMKE, STEVEAddressPO BOX 11143AddressPO BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

Title DVP Title D

Name PEEPLES, WINN Name WILHELM, JACKIE
Address PO BOX 11143 Address PO BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

Title MA

Name FLORIDA ASSOCIATION & PROPERTY

MANAGEMENT, INC.

Address PO BOX 11143

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.

SIGNATURE: JOANIE TROTMAN CAM 04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 26, 2023

**Secretary of State** 

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