

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

FILED
Jun 30, 2020
Secretary of State
3213414396CC

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

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309

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
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 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 RUDD, RYDER
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DT
Name BUNKER, CLEMENTINE
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DS
Name HARRISON, TYLER
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title PD
Name REMKE, STEVE
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DVP
Name PEEPLES, WINN
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title D
Name WILHELM, JACKIE
Address PO BOX 11143
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

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date