

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

Entity Name: VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Apr 16, 2015
Secretary of State
CC4976696328**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 DP
Name PICHARD, KEVIN
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title DS
Name HOOD, GEORGE
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title DT
Name BUNKER, CLEMENTINE
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title DVP
Name RYDER, WILLIAM
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title D
Name HARRISON, TYLER
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title D
Name REMKE, STEVE
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title D
Name MCCREERY, PAM
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302Title D
Name MCCREERY, PAM
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: KEVIN PICHARD**CAM****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date