## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002826

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

FILED Apr 15, 2013

**Secretary of State** 

CC8997572135

Officer/Director Detail:

Title DP Title DS

NamePICHARD, KEVINNameHOOD, GEORGEAddressPO BOX 11143AddressPO BOX 11143

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

Title DVP Title DT

Name CASEY, LARRY Name BUNKER, CLEMENTINE

Address PO BOX 11143 Address PO BOX 11143

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

Title D Title D

Name RYDER, WILLIAM Name JOHNSON, TOMMY Address PO BOX 11143 Address PO BOX 11143

City-State-Zip: TALLAHASSEE FL 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.

DP

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: KEVIN PICHARD

04/15/2013

Date