

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90191 029 ****70.00

DOCUMENT#-# N04000001205

1. Entity Name

**THE VILLAS AT SEAGROVE BEACH OWNERS
ASSOCIATION, INC.**



Principal Place of Business

5399 E COUNTY HWY 30A BOX 190
SANTA ROSA BEACH FL 32459

Mailing Address

5399 E COUNTY HWY 30A BOX 190
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

4341 E. Co. Hwy 30-A

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 4905

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

4. FEI Number

20-0702349

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIDGE, LANA
5399 E COUNTY HWY 30A BOX 190
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

TAMMIE BECKER

Street Address (P.O. Box Number is Not Acceptable)

36132 EMERALD COAST PARKWAY

City

DESTIN

FL

Zip Code

32541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tammie Becker

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTON, PETER J	
STREET ADDRESS	67 SEACREST DR	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, G ELLIOTT	
STREET ADDRESS	59-1481 KOHALA RANCH RD	
CITY-ST-ZIP	KAMUELA HI 96743	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICCI, NORMAN L	
STREET ADDRESS	6465 N QUAIL HOLLOW STE 205	
CITY-ST-ZIP	MEMPHIS TN 38120-1417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVISON, TED	
STREET ADDRESS	3605 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, GERALD	
STREET ADDRESS	1525 W LIVE OAK ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D, V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JOE	
STREET ADDRESS	776 RIDGEFIELD ROAD	
CITY-ST-ZIP	WILTON, CT 06897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Tammie Becker

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

850-231-2738

Daytime Phone #