


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 014 ****61.25

DOCUMENT # N04000001205					
1. Entity Name THE VILLAS AT SEAGROVE BEACH OWNERS ASSOCIATION, INC.					
Principal Place of Business 4341 E CO. HWY 30-A SANTA ROSA BEACH, FL 32459			Mailing Address PO BOX 4905 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0702349	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER, TAMMIE 36132 EMERALD COAST PARKWAY DESTIN, FL 32541			Name <u>Zach Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>36132 Emerald Coast Pkwy</u> City <u>Destin</u> Zip Code <u>FL 32541</u>		
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 <u>Zach Johnson, Manager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/26/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVISON, TED 3605 THOMAS DRIVE PANAMA CITY, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GERALD 1525 W LIVE OAK RD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS COX, JOE 776 RIDGEFIELD RD WILTON, CT 06897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Zach Johnson, Manager</u> <u>4/26/07</u> <u>850-231-2738</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40105610



04262007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Zach Johnson
 Street Address (P.O. Box Number is Not Acceptable) 36132 Emerald Coast Pkwy
 City Destin Zip Code FL 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 Zach Johnson, Manager DATE 4/26/07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007 **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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SIGNATURE: Zach Johnson, Manager 4/26/07 850-231-2738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #