

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

FILED
Apr 02, 2012
Secretary of State

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

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11143
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-3663031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: PICHARD, KEVIN
Address: 2037 DOOMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS
Name: HOOD, GEORGE
Address: POST OFFICE BOX 423
City-St-Zip: ST MARKS, FL 32355

Title: DVP
Name: CASEY, LARRY
Address: P.O. BOX 826
City-St-Zip: WACISSA, FL 32361

Title: DT
Name: BUNKER, CLEMENTINE
Address: 38 BURNT PINE LOOP P.O. BOX 212
City-St-Zip: ST. MARKS, FL 32355

Title: D
Name: RYDER, WILLIAM
Address: 1508 CHINA TRAIL GROVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: JOHNSON, TOMMY
Address: P.O. BOX 776
City-St-Zip: CRAWFORDVILLE, FL 32326

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

RA

04/02/2012

Electronic Signature of Signing Officer or Director

Date