

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737159

Entity Name: SEAFARER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**16401 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**Current Mailing Address:**16401 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**FEI Number:** 59-1755115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSSMAN, MARLO K
16401 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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:** MARLO ROSSMAN

02/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DENNIS, ALAN
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name BABIN, DEREK
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title VP
Name BOYD, CHARLES
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name STOKEY, ANN
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name BOWRON, THOMAS W
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name MOOR, JOHN M
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name COOK, SYDNEY
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title PRESIDENT
Name COREY, JOHN N III
Address 16401 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

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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: COREY, JOHN N, III**PRESIDENT**

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	CHARBONNET, JONATHAN
Address	16401 PERDIDO KEY DRIVE
City-State-Zip:	PENSACOLA FL 32507