

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749124

**Entity Name:** INTENDENT OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**8984574366CC**

**Current Principal Place of Business:**

DAVID SELLERS, ATTORNEY  
331 EAST ROMANA STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

CLYDE CAILLOUET, TREASURER  
P O BOX 30412  
PENSACOLA, FL 32503 US

**FEI Number: 59-2201841**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SELLERS, DAVID  
331 EAST ROMANA STREET  
PENSACOLA, FL 32502 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

**Officer/Director Detail :**

Title PD  
Name OVERTON, CHRIS  
Address DAVID SELLERS  
331 EAST ROMANA STREET  
City-State-Zip: PENSACOLA FL 32502

Title TD  
Name CAILLOUET, CLYDE  
Address P O BOX 30412  
City-State-Zip: PENSACOLA FL 32503

Title SD  
Name SELLERS, TINA  
Address 331 EAST ROMANA STREET  
City-State-Zip: PENSACOLA FL 32502

*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: CLYDE CAILLOUET**

**TREASURER**

**01/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date