

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769670

Entity Name: ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8730 THOMAS DR.
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**8730 THOMAS DR.
PANAMA CITY BEACH, FL 32408 US**FEI Number:** 59-2352746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUE, LORAIN A
8730 THOMAS DR.
PANAMA CITY BEACH, FL 32408 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:** LORAIN A BLUE

01/07/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VPD
Name	LUTHER, W.B.
Address	8725 N. LAGOON DR
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	SD
Name	DELF, MICHAEL
Address	8730 THOMAS DR. # 413
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	PD
Name	MYERS, ALLEN
Address	150 EMERALD DR
City-State-Zip:	MCDONOUGH GA 30253

Title	DIRECTOR
Name	HOOVER, SEAN
Address	2040 MILAN
City-State-Zip:	NEW ORLEANS LA 70115

Title	TD
Name	SCHMIDT, JAMES
Address	608 ADELYNN CT. S.
City-State-Zip:	FRANKLIN TN 37064

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: ALLEN MYERS**PRESIDENT**

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date