

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008898

**Entity Name:** THE FLATS AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**8569321520CC**

**Current Principal Place of Business:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY 2101  
DESTIN, FL 32541

**Current Mailing Address:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
ATLANTA, GA 30318 US

**FEI Number: 02-0544910**

**Certificate of Status Desired: Yes**

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

COMMUNITY MANAGEMENT ASSOCIATES, INC.  
COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY 2101  
DESTIN, FL 32541 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: JAMES H DEVLIN**

**04/24/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           TAYLOR, DOUGLAS  
Address        COMMUNITY MANAGEMENT ASSOCIATES INC.  
                  1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title           PRESIDENT  
Name           ROELL, DOLF  
Address        COMMUNITY MANAGEMENT ASSOCIATES INC.  
                  1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title           VP  
Name           JOHNSON, DONNA  
Address        COMMUNITY MANAGEMENT ASSOCIATES INC.  
                  1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title           AGENT  
Name           DEVLIN, JAMES H  
Address        COMMUNITY MANAGEMENT ASSOCIATES INC.  
                  1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

*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: JAMES H DEVLIN**

**AGENT**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date