

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003139

FILED
Jun 30, 2020
Secretary of State
0491880657CC

Entity Name: ST. JAMES BAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

160 LAUGHING GULL LN
CARRABELLE, FL 32322

Current Mailing Address:

PO BOX 556
CARRABELLE, FL 32322 US

FEI Number: 16-1660680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOPER, LYNNE
213 DAUGHTRY DRIVE
SOPCHOPPY, FL 32358 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 CAM
Name COOPER, LYNNE
Address FLORIDA PANHANDLE CAM SERVICES, LLC
213 DAUGHTRY DRIVE
City-State-Zip: SOPCHOPPY FL 32358

Title P
Name EVANS, ARMAND
Address 205 CROOKED RIVER RD
City-State-Zip: CARRABELLE FL 32322

Title V
Name BARBER, BETH
Address 433 RIVER RD
City-State-Zip: CARRABELLE FL 32322

Title D
Name GOULD, KATHY
Address 3423 CEDARWOOD TR
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name CIARDULLO, STEVE
Address 102 EGRET
City-State-Zip: CARRABELLE FL 32322

Title D
Name MAPHIS, KIM
Address 754 GREEN ROAD
City-State-Zip: SNEADS FL 32460

Title D
Name MITCHELL, ROBERT J
Address 141 LAUGHING GULL LANE
City-State-Zip: CARRABELLE FL 32322

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: LYNNE D COOPER

CAM

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date