

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003139

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

**FILED**  
**Mar 30, 2021**  
**Secretary of State**  
**9722772183CC**

**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 BARBER, BETH  
Address 433 RIVER ROAD  
City-State-Zip: CARRABELLE FL 32322

Title VP  
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

Title D  
Name HANSEN, SHARON  
Address 227 ROYAL TERN WAY  
City-State-Zip: CARRABELLE FL 32322

Title D  
Name USHER, RANDALL  
Address 1117 BRAGDON  
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: FL P CAM/LYNNE D COOPER**

**CAM**

**03/30/2021**

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

\_\_\_\_\_  
Date