

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03462

Entity Name: THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3604 E. CO HWY 30-A
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P O BOX 4822
SANTA ROSA BEACH, FL 32459 US**FEI Number: 58-1729077****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MURPHY, NORA
3799 EAST CO. HWY 30-A UNIT 2G
SANTA ROSA BEACH, FL 32459 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	PRESIDENT
Name	GAGLIARDI, THERESA
Address	827 EDEN DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	SECRETARY, TREASURER
Name	SIKES, RONALD
Address	25 BAY TRACE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	NETTERVILLE, STEVEN
Address	1400 LAGRANGE RD
City-State-Zip:	FREEPORT FL 32439

Title	VP
Name	MATTHEW, JOBE
Address	6304 SOUTH 56 STREET
City-State-Zip:	ROGERS AR 72758

Title	DIRECTOR
Name	LACEY, MATT
Address	4495 CHARDONNAY COURT
City-State-Zip:	DUNWOODY GA 30338

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: THERESA GAGLIARDI**PRESIDENT****04/29/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date