

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

DOCUMENT# N04000008515

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**9597174076CC**

**Entity Name:** CARRAWAY BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

165 PLANTATION PASS  
CARRABELLE, FL 32322

**Current Mailing Address:**

PO BOX 876  
EASTPOINT, FL 32328 US

**FEI Number: 26-4137507**

**Certificate of Status Desired: Yes**

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

COMMUNITY MANAGEMENT SERVICES OF NORTH FLORIDA, INC  
215 BONCYLE LAND DRIVE  
EASTPOINT, FL 32328 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:** WAYNE M GLEASMAN

02/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HARTMAN, DAN  
Address PO BOX 10910  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name STRADTMAN, JENNIFER  
Address 1762 BURKE HOLLOW RD.  
City-State-Zip: NOLENSVILLE TN 37135

Title PRESIDENT  
Name FULLMORE, ANDREA  
Address 287 ANTEBEPPEUM LOOP  
City-State-Zip: CARRABELLE FL 32322

Title VP  
Name BYARS, ALEXANDRA  
Address 219 ANTE BEPPUM LOOP  
City-State-Zip: CARRABELLE FL 32322

Title TREASURER  
Name BONE, CORY  
Address 92 QUAIL RUN  
City-State-Zip: WILLIAMSON GA 30292

*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:** ANDREA FULLMORE

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02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date