### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008515

Entity Name: CARRAWAY BAY PLANTATION HOMEOWNERS ASSOCIATION,

INC.

**FILED** Aug 12, 2020 **Secretary of State** 0545539820CC

# **Current Principal Place of Business:**

213 DAUGHTRY DR. SOPCHOPPY, FL 32358

### **Current Mailing Address:**

**PO BOX 644** 

CARRABELLE, FL 32322 US

FEI Number: 26-4137507 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FLORIDA PANHANDLE CAM SERVICES, LLC 213 DAUGHTRY DR. 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: LYNNE COOPER 08/12/2020

> Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name BOULOS, HADI Name SWIRSKY, STEVE Address 118 N. MONROE STREET Address 44 MADEIRA CIRCLE City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32312

Title **OTHER** Title SECRETARY, TREASURER

HARTMAN, DAN Name ELLIS, JEFF Name Address PO BOX 700 Address PO BOX 10910

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: APALACHICOLA FL 32329

Title **RECEIVER** Title **OTHER** 

Name FLORIDA PANHANDLE CAM Name HARRIS, TYLENE

SERVICES, LLC 647 EARL GODWIN ROAD

Address Address 213 DAUGHTRY DRIVE

City-State-Zip: FREEPORT FL 32439 City-State-Zip: SOPCHOPPY FL 32358

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 COOPER

Electronic Signature of Signing Officer/Director Detail

**RECEIVER** 

08/12/2020