

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001688

Entity Name: BY THE SEA COMMUNITY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**29C MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548**Current Mailing Address:**PO BOX 2613
FORT WALTON BEACH, FL 32549 US**FEI Number:** 20-2680389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RDF ASSOCIATES, INC.
29C MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548 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:** ANDREA MCDERMOTT

03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	KNEPFLER, RICHARD
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	P
Name	PORTER, CHRISTOPHER
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	VP
Name	RIVERS, EDDIE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	T
Name	SYKES, CHERYL
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	S
Name	IKERMAN, SHANE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	MGR
Name	SCHWARZ, SHERRIE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

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: SHERRIE SCHWARZ

CAM

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date