

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001266

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC5899990315**

**Entity Name:** SEAGLADES ASSOCIATION, INC.

**Current Principal Place of Business:**

11320 SEAGLADES DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

11320 SEAGLADES DR  
PENSACOLA, FL 32507

**FEI Number:** 07-1148552

**Certificate of Status Desired:** No

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

GUTTMANN, MICHAEL L  
314 S BAYLEN ST  
STE 201  
PENSACOLA, FL 32502 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 P  
Name MCLENDON, WILLIAM  
Address 11320 SEAGLADES DR  
City-State-Zip: PENSACOLA FL 32507

Title VP  
Name FORBES, CHERYL  
Address 11402 SEAGLADES DR  
City-State-Zip: PENSACOLA FL 32507

Title S  
Name GUTTMANN, MICHAEL  
Address 11315 SEAGLADES DR  
City-State-Zip: PENSACOLA FL 32507

Title T  
Name KEANEY, JOANN  
Address 11313 SEAGLADES DR  
City-State-Zip: PENSACOLA FL 32507

*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: MICHAEL GUTTMANN**

**SECRETARY**

**02/28/2014**

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

\_\_\_\_\_  
Date