

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09468

Entity Name: PLAYERS CLUB ON THE BAY, INC.**Current Principal Place of Business:**28 PLAYERS CLUB
MIRAMAR BEACH, FL 32550**Current Mailing Address:**C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 7102
DESTIN, FL 32541 US**FEI Number:** 59-2543489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
DESTIN, FL 32541 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:** KATHLEEN CRESSE**03/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELLISON, DAVE
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name LOWTHER, JOHN
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title SECRETARY, TREASURER
Name SCHUPPETRT, KENNETH
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title VP
Name PUGH, RICHARD
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name BARBER, BARRY
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name HOLLAND, GERALD
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name PARKER, HEATH
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name FALKENSTEIN, BRUCE
Address C/O SOUTHERN ASSOCIATION
 MANAGEMENT
 36468 EMERALD COAST PARKWAY
 SUITE 7102
City-State-Zip: DESTIN FL 32541

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: DAVE ELLISON

PRESIDENT

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date