

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004560

Entity Name: SOUTH WALTON ARTIFICIAL REEF ASSOCIATION, INC.

Current Principal Place of Business:

45 DAYS LANE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 2482
SANTA ROSA BEACH, FL 32459

FEI Number: 46-2802186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ.
6346 W. COUNTY HWYWAY 30-A
SANTA ROSA BEACH, FL 32459 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 D
Name MCALEXANDER, ANDREW
Address 45 DAYS LANE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name MURPHY, PATRICK
Address 410 CYPRESS DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name STENBERG, CINDY
Address 7 TOWN CTR. LOOP #C16
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name RICHARD, JIM
Address PO BOX 1229
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name WILLIAM, HORN
Address 3216 LAKESHORE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name HARTLEY, WALTER
Address 184 SEACREST DRIVE
City-State-Zip: INLET BEACH FL 32461

Title DIRECTOR
Name MOORE, JOE
Address 37 LOGAN LANE
UNIT 1
City-State-Zip: SANTA ROSA BEACH FL 32459

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: ANDREW MCALEXANDER

PRES.

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date