

**2014 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.  
195 GRAND BLVD., SUITE 101  
MIRAMAR BEACH, FL 32550 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 O'CONNELL, NEILL  
Address 349 OKEECHOBEE W  
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 JOHNSON, BOBBY  
Address 5281 HWY 30A  
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**

**D**

**04/14/2014**

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

\_\_\_\_\_  
Date