

**2020 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 GODBEE, JOSEPH  
Address 176 N BROOKWOOD DR.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name BURGTORF, ELIZABETH  
Address PO BOX 611477  
City-State-Zip: ROSEMARY BEACH FL 32461

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 BREAU, NATASHA  
Address 909 CUNNINGHAM STREET  
City-State-Zip: CORPUS CHRISTI TX 78411

*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: WALTER HARTLEY**

**PRESIDENT**

**04/23/2020**

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

\_\_\_\_\_  
Date