2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004560

Entity Name: SOUTH WALTON ARTIFICIAL REEF ASSOCIATION, INC.

FILED Mar 17, 2017 **Secretary of State** CC8769049290

Date

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

MCALEXANDER, ANDREW MURPHY, PATRICK Name Name 45 DAYS LANE 410 CYPRESS DRIVE Address Address

City-State-Zip: SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 City-State-Zip:

Title D Title D

Name RICHARD, JIM Name STENBERG, CINDY Address PO BOX 1229 Address 7 TOWN CTR. LOOP #C16

SANTA ROSA BEACH FL 32459 City-State-Zip: City-State-Zip: SANTA ROSA BEACH FL 32459

Title Title D

Electronic Signature of Signing Officer/Director Detail

Name ROBERTS, DON WILLIAM, HORN Name

Address 3009 PEACOCK LANE 3216 LAKESHORE DRIVE Address TAMPA FL 33618

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip:

Title DIRECTOR

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

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.

03/17/2017 SIGNATURE: ANDREW MCALEXANDER **PRES**