

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008246

Entity Name: WALTON COUNTY SMALL BUSINESS ASSOCIATION, INC.

FILED
Apr 17, 2014
Secretary of State
CC6496930010

Current Principal Place of Business:

60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459 US

FEI Number: 46-4180098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIPMAN, GARY A
60 CLAYTON LANE
SUITE 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 P
Name SCHISSLER, WILLIAM
Address 113 LOGAN LANE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP
Name NASRI, HANIE
Address 415 HIDEAWAY BAY
City-State-Zip: MIRAMAR BEACH FL 32550

Title T
Name PETIT, LOUIS
Address 183 BELLA BLVD.
City-State-Zip: SANTA ROSA BEACH FL 32459

Title S
Name VIZARD, PAUL
Address 33 FLOUNDER STREET
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM
Name ANCHORS, LARRY
Address 5200 W CR 30A
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM
Name PEEBLES, CHERI
Address 100 COUNTY ROAD 30A EAST
City-State-Zip: GRAYTON BEACH FL 32459

Title MEM
Name ANDERSON, TONY
Address 195 VIA LARGO
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM
Name SHAHID, CARY
Address 8955 HWY 98 W
SUITE 107
City-State-Zip: MIRAMAR BEACH FL 32550

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: WILLIAM SCHISSLER

P

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date