

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001200

**Entity Name:** ELYSEE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2020**  
**Secretary of State**  
**0523250455CC**

**Current Principal Place of Business:**

C/O SEABREEZE ASSOCIATION MANAGEMENT  
45 SUGAR SAND LANE, SUITE C  
SEAGROVE BEACH, FL 32459

**Current Mailing Address:**

C/O SEABREEZE ASSOCIATION MANAGEMENT  
45 SUGAR SAND LANE, SUITE C  
SEAGROVE BEACH, FL 32459 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCNEESE, RICHARD S  
36468 EMERALD COAST PKWY., SUITE 1201  
DESTIN, FL 32541 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 PD  
Name JOHNSON, JOHN  
Address 330 WEST BROADWAY, SUITE 201  
City-State-Zip: WEST MEMPHIS AR 72301

Title VPD  
Name LAWRENCE, BARRY  
Address P.O. BOX 248  
City-State-Zip: ELAINE AR 72333

Title STD  
Name PHILLIPS, JAMES R  
Address 200 SEA BREEZE BLVD.  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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: JAMES R PHILLIPS**

**TREASURER**

**03/02/2020**

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

\_\_\_\_\_  
Date