

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004075

Entity Name: WESTONWOOD RANCH, INC.**Current Principal Place of Business:**4390 STATE HWY 20 W
FREEPORT, FL 32439**Current Mailing Address:**P.O. BOX 394
FREEPORT, FL 32439 US**FEI Number:** 82-1221167**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMPSON, KELLY
4390 STATE HWY 20 W
FREEPORT, FL 32439 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:** KELLY THOMPSON

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name WOOD, LINDY L
Address 4390 STATE HWY 20 W
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR
Name WOOD, JASON R
Address 4390 STATE HWY 20 W
City-State-Zip: FREEPORT FL 32439

Title VP
Name TESTA, GABRIELLE
Address 200 TURTLE COVE
City-State-Zip: PANAMA CITY BEACH FL 32413

Title EXECUTIVE DIRECTOR
Name THOMPSON, KELLY
Address P.O. BOX 394
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR
Name BRANDMAN, MARY
Address 370 WOOD BEACH DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name SATER, JAMES DENNIS
Address 285 FLATWOODS FOREST LOOP
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name WILLIAMS, KIRBY HAMN
Address 237 BOTANY BLVD
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name WALTON, ANGELA FREEMAN
Address 964 N WALTON LAKESHORE DR
City-State-Zip: INLET BEACH FL 32461

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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: KELLY THOMPSON**EXECUTIVE DIRECTOR**

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	REAVES, TODD DEWEY
Address	683 EDEN DRIVE
City-State-Zip:	SANTA ROSA BEACH FL 32459