

**2020 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:** No**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

04/09/2020

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, TREASURER  
Name SENSING, TODD  
Address 1755 DRIFTWOOD POINT RD  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title DIRECTOR  
Name MCMAHON, ASHLEY  
Address 4133 INDIAN BAYOU TRAIL  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR, VP  
Name JOHNSON, KATE  
Address 174 WATERCOLOR WAY SUITE 203,  
#281  
City-State-Zip: SANTA ROSA FL 32459

Title DIRECTOR  
Name SCHOONOVER, CHRISTINA  
Address 755 GRAND BLVD STE 105B272  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR, SECRETARY  
Name CORDLE, NATHAN R  
Address 42 PORPOISE STREET  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

**Continues on page 2**

*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**

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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