

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000296385

**Entity Name:** RESORT ASSOCIATION MANAGEMENT, LLC

**Current Principal Place of Business:**

1022 W. 23RD STREET, SUITE 300  
PANAMA CITY, FL 32405

**Current Mailing Address:**

1022 W. 23RD STREET, SUITE 300  
PANAMA CITY, FL 32405 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PIPPIN, LAURETTA J  
1022 W. 23RD STREET, SUITE 300  
PANAMA CITY, FL 32405 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

**Authorized Person(s) Detail :**

Title MGR  
Name CHAPMAN, DAVID M  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

Title P  
Name CHAPMAN, DAVID M  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

Title V  
Name C. SCOTT CLEMO  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

Title ST  
Name PIPPIN, LAURETTA J  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

Title V  
Name HENRY, ROBERT F III  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

Title V  
Name CHAPMAN, JOSEPH F IV  
Address 1022 W. 23RD STREET, SUITE 300  
City-State-Zip: PANAMA CITY FL 32405

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURETTA J PIPPIN

**SECRETARY**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date