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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

760087

SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA COUNTY, FLORIDA

COUNTY, FLORIDA													
Principal Place of Business			Mailing Address					1 (BELLE HERER STRUCK		41 6166 614	61 G1811 E1211 B1		
P.O. BOX 6003			P.O. BOX 6003			3.	Date Incorporated of	r Qualified					
GULF BREEZE FL 32561			GULF BREEZE FL 32561				09/17/1981						
							4.	FEI Number	•			oplied For	
<u> </u>		···						<u>59-2932146</u>				ot Applicable	
2. Principal Place of Business			2a. Mailing Address			5.	Certificate of Status	Desired			Additional equired		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6	Election Campaign F	inancino		\$5.00		
22			27				"	Trust Fund Contribut			Added to		
City & State			City & State				7.	Is this nonprofit corp				n?	
23		28				□xt Yes □ No							
Zlp		Country	Zip	<u> </u>	Country		8.	This corporation owe Personal Property Ta				tangible] No	
24	9 Name	25 and Address of Currer	29 nt Registered Agent		30		10.	Name and Address				7 140	
	g, ttanic				81	Name					· · · · · · · · · · · · · · · · · · ·	-	
MCCORMICK, GEORGE				82	Street	Address (F	P.O. Box Number is N	ot Accentabl	<u>e)</u>				
	SEABREEZE					Olive	Addiess (i	.o. Dox Namber is to	or Acceptac.	,			
GUL	F BREEZE FL	32561			83								
					84	City			····	FI	85 Zip	Code	
11 Perce	iont to the provide	nione of Sections 617.060	12 and 617 1508-8757	77ta Statutos	s the above	a-named	Corporatio	n submits this statem	ent for the nu		changing ii	ts registered	
office	or registered as	sions of Sections 617.050 gent, or both, in the State ith, and accept the oblig	of Florida. Such cha	inge was au	thorized by	the cor	poration's t	oard of directors. I h	ereby accept	t the app	ointment as	registered	
	1 X	vith, and accept the oblig	etions of Sections	Z.0603, Flor	iga Statutes	ì.				1/2	2/9	8	
SIGNATU	RE-	70 9 1 PO											
	Signature, type	d or printed name of registered ag-	ent and title if applicable.	(NOTE:	Registered Age	nt signature	e required wher	reinstating)		DATE	· /		
12.	Signature, types	d or printed name of registered ago OFFICERS AN	ID DIRECTORS		Registered Age	nt signature		n reinstating) ADDITIONS/CHANGE	S TO OFFICE	BATE ERS AND			
12.	DP	OFFICERS AN	ID DIRECTORS	(NOTE:	13. 1.1 TITLE	ent signature			S TO OFFICE	DATE ERS AND	DIRECTOF	RS IN 12	
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address. 850 438 VI T E

FILED

Jan 30 1998 8:00am

Secretary of State