

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760087

1. Entity Name

SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90305 014 ****62.25

Principal Place of Business

P.O. BOX 6003
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 6003
GULF BREEZE FL 32561

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2932146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUER, ROBERT
3501 SYCAMORE CANE
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

JOE McPHERSON

Street Address (P.O. Box Number is Not Acceptable)

3356 LAUREL DR.

City

GULF BREEZE

FL

Zip Code

32561

8. 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 JOE McPHERSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARK, ROBERT R 3501 SYCAMORE LANE GULF BREEZE FL 32561	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VIKSNE, BARBARA 1141 LAGUNA LANE GULF BREEZE FL 32561	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, PAUL 1279-G REDWOOD LANE GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GILBERT, WILLIAM 3466 SYCAMORE LANE GULF BREEZE FL 32561	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOE McPHERSON 3356 LAUREL DR. GULF BREEZE, FL 32561	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAM LITTLE 3481 HILLSIDE DR. GULF BREEZE, FL 32561	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHN WILSON 3373 CIRCLE DR. GULF BREEZE, FL 32561	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOE McPHERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

850-932-1180

Daytime Phone #

CR2E037 (10/00)