2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90023 018 ****61.25

DOCUMENT # 760087

1. Entity Name
SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA COUNTY, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 6003 GULF BREEZE, FL 32561	P.O. BOX 6003 GULF BREEZE, FL 32561

01302004 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
MCPHERSON, JOE 3356 LAUREL DR. GULF BREEZE, FL 32561	Name: Driscoll, James M. Street Address (P.O. Box Number is Not Acceptable): 1117 Laguna Lane City: Gulf Breeze FL Zip Code: 32563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James M Driscoll DATE: 1/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCPHERSON, JOE 3356 LAUREL DR GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Driscoll James M. 1117 Laguna Lane Gulf Breeze FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRAYTON, ROXANA 3380 LAUREL DR GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Streveey Marie 1028 Park Lane Gulf Breeze FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WILLIAMS, RON 3374 CRESTVIEW LANE GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FULLER, DICK 1138 SUNSET LANE GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Arthur J. Sutton 1157 Harbor Lane Gulf Breeze FL 32563	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Marie Streveey 31 Jan 2004 850-678-9887 x 259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #