2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# 760087

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

Current Principal Place of Business:

P.O. BOX 6003
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6003
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-2932146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DRISCOLL, JAMES M
1117 ALGULA LANE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DRISCOLL, JAMES M	
Address:	1117 LAGUNDA LANE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	T	( ) Delete
Name:	STREVEY, MARIE	
Address:	1028 PARK LANE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	SD	( ) Delete
Name:	WILLIAMS, RON	
Address:	3374 CRESTVIEW LANE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	VP	( ) Delete
Name:	SUTTON, ARTHUR J	
Address:	1157 HARBOR LANE	
City-St-Zip:	GULF BREEZE, FL 32563	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MCCORMICK, JULI A MS.	
Address:	1165 SEABREEZE LANE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	VP	(X) Change ( ) Addition
Name:	MCPHERSON, JOE MR.	
Address:	3356 LAUREL STREET	
City-St-Zip:	GULF BREEZE, FL 32563	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIE STREVEY T 05/01/2005

Electronic Signature of Signing Officer or Director — Date