2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760087

FILED Apr 26, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6003 P.O. BOX 6003

GULF BREEZE, FL 32561 GULF BREEZE, FL 32563

Current Mailing Address: New Mailing Address:

P.O. BOX 6003 P.O. BOX 6003

GULF BREEZE, FL 32561 GULF BREEZE, FL 32563

FEI Number: 59-2932146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DRISCOLL, JAMES M

VANDERVEEN, SCOTT MR.

1117 ALGULA LANE

3331 CIRCLE DRIVE

CLUE PREEZE EL 20562 LIC

GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 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: SCOTT VANDERVEEN 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:DRISCOLL, JAMES MName:VANDERVEEN, SCOTT MR.Address:1117 LAGUNDA LANEAddress:3331 CIRCLE DRIVECity-St-Zip:GULF BREEZE, FL 32563City-St-Zip:GULF BREEZE, FL 32563

Title: T () Delete Title: T (X) Change () Addition Name: STREVEY, MARIE MS.

Address: 1028 PARK LANE Address: 1128 PARK LANE
City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MCCORMICK, JULI A MS.
 Name:
 TRACHY, TRISH MS.

 Address:
 1165 SEABREEZE LANE
 Address:
 1134 HARBOR LANE

 City-St-Zip:
 GULF BREEZE, FL 32563
 City-St-Zip:
 GULF BREEZE, FL 32563

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MCPHERSON, JOE MR.
 Name:
 RICHARDS, DONALD MR.

 Address:
 3356 LAUREL STREET
 Address:
 1129 PARK LANE

 City-St-Zip:
 GULF BREEZE, FL 32563
 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 Chapter 119, 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: SCOTT VANDERVEEN P 04/26/2006