

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760087

FILED
Apr 25, 2007
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 6003
GULF BREEZE, FL 32563

New Principal Place of Business:

SANTA ROSA SHORES HOMEOWNERS ASSOCIATION
GULF BREEZE, FL 32563

Current Mailing Address:

P.O. BOX 6003
GULF BREEZE, FL 32563

New Mailing Address:

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

Name and Address of Current Registered Agent:

VANDERVEEN, SCOTT MR.
3331 CIRCLE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

MARIE, STREVEY
1128 PARK LANE
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: MARIE STREVEY

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANDERVEEN, SCOTT MR.
Address: 3331 CIRCLE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: STREVEY, MARIE MS.
Address: 1128 PARK LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: TRACHY, TRISH MS.
Address: 1134 HARBOR LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: RICHARDS, DONALD MR.
Address: 1129 PARK LANE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDS, DONALD E MR.
Address: 1129 PARK LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CONNERLEY, JULIE B MS.
Address: 3481 SYCAMORE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change () Addition
Name: CROSSMAN, DAVID G MR.
Address: 1171 SUNSET LANE
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify 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: MARIE STREVEY

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04/25/2007

Electronic Signature of Signing Officer or Director

Date