

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 22, 2008
Secretary of State

DOCUMENT# 760087

Entity Name: SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA COUNTY, FLORIDA**Current Principal Place of Business:**SANTA ROSA SHORES HOMEOWNERS ASSOCIATION
GULF BREEZE, FL 32563**New Principal Place of Business:****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 ()****Name and Address of Current Registered Agent:**MARIE, STREVEY
1128 PARK LANE
GULF BREEZE, FL 32563 US**Name and Address of New Registered Agent:**MCCOY, CAROL T
3341 CRESTVIEW 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: CAROL T MCCOY

02/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: MCCOY, CAROL MS.
Address: 3341 CRESTVIEW LANE
City-St-Zip: GULF BREEZE, FL 32563

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

Title: VP () Delete
Name: RIPLEY, DON MR.
Address: 1111 HARBOR LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: PP () Delete
Name: CROSSMAN, DAVE G MR
Address: 1171 SUNSET 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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: CAROL T MCCOY

RA/T

02/22/2008

Electronic Signature of Signing Officer or Director

Date