

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90149 008 ****61.25

DOCUMENT # 760087



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

Principal Place of Business
**P.O. BOX 6003
GULF BREEZE FL 32561**

Mailing Address
**P.O. BOX 6003
GULF BREEZE FL 32561**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2932146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **JOE MCPHERSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 3, 03

FILE NOW: FEE IS \$61.25

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 **DP** ☐ Delete
NAME **MCPHERSON, JOE**
STREET ADDRESS **3356 LAUREL DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME ~~**LITTLE, WILLIAM**~~
STREET ADDRESS ~~**3481 HILLSIDE DR**~~
CITY-ST-ZIP ~~**GULF BREEZE FL 32561**~~

TITLE **TREASURE** ☒ Change ☐ Addition
NAME **ROXANA DRAYTON**
STREET ADDRESS **3350 LAUREL DR.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **SD** ☐ Delete
NAME **WILLIAMS, RON**
STREET ADDRESS **3374 CRESTVIEW LANE**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME ~~**BRAWNER, RICK**~~
STREET ADDRESS ~~**1087 SEABREEZE LN**~~
CITY-ST-ZIP ~~**GULF BREEZE FL 32563**~~

TITLE **VP** ☒ Change ☐ Addition
NAME **DICK FULLER**
STREET ADDRESS **1138 SUNSET LN**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JOE MCPHERSON**

JAN 03, 03 850-932-1180

CR2E037 (10/02)