


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 042 ****61.25

DOCUMENT # N15695	
1. Entity Name SANTA ROSA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3653 SAWGRASS DR. TITUSVILLE, FL 32780	Mailing Address 3653 SAWGRASS DR. TITUSVILLE, FL 32780
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40000100



2. Principal Place of Business - No P.O. Box # 3655 SAWGRASS DR	3. Mailing Address 3655 SAWGRASS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State TITUSVILLE FL	City & State TITUSVILLE FL
Zip 32780	Country USA
Zip 32780	Country USA

4. FEI Number 59-2886922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TYSON, KIMBERLY A 3653 SAWGRASS DRIVE TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent
Name MARY E MCCABE
Street Address (P.O. Box Number is Not Acceptable) 3655 SAWGRASS DR
City TITUSVILLE FL Zip Code 32780

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 Mary E McCabe
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCABE, MARY ELLEN <input type="checkbox"/> Delete 3655 SAWGRASS DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNCAN, JAMES <input type="checkbox"/> Delete 3657 SAWGRASS DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TYSON, KIMBERLY <input type="checkbox"/> Delete 3653 SAWGRASS DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary E McCabe 1/4/08 321-268-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #