

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N15695

Entity Name: SANTA ROSA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3655 SAWGRASS DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3655 SAWGRASS DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-2886922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, MARY E
3655 SAWGRASS DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCABE, MARY ELLEN
Address: 3655 SAWGRASS DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: DUNCAN, JAMES
Address: 3657 SAWGRASS DR
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC () Delete
Name: TYSON, KIMBERLY
Address: 3653 SAWGRASS DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: VOISIN, SANDY
Address: 3657 SAWGRASS DR
City-St-Zip: TITUSVILLE, FL 32780

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: MARY ELLEN MCCABE

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date