

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90215 020 \*\*\*\*61.25

0012543

**DOCUMENT # N15695**

1. Entity Name

**SANTA ROSA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**3651 SAWGRASS DR.  
TITUSVILLE FL 32780**

Mailing Address

**3651 SAWGRASS DR.  
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2886922**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KERR, LORETTA A. STET~~  
**3651 SAWGRASS DRIVE  
TITUSVILLE FL 32780**

Name **Eric Clanton**  
Street Address (P.O. Box Number is Not Acceptable) **3651 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

DATE **4/1/03**

**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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WATSON, WILLIAM</b>	
STREET ADDRESS	<b>3657 SAWGRASS DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WATSON, HAZEL</b>	
STREET ADDRESS	<b>3657 SAWGRASS DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KERR, LORETTA A.</b>	
STREET ADDRESS	<b>3651 SAWGRASS DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kim Tyson</b>	
STREET ADDRESS	<b>3653 Sawgrass Dr</b>	
CITY-ST-ZIP	<b>Titusville FL 32780</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James Duncan</b>	
STREET ADDRESS	<b>3655 Sawgrass Dr</b>	
CITY-ST-ZIP	<b>Titusville FL 32780</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eric Clanton</b>	
STREET ADDRESS	<b>3651 Sawgrass Dr</b>	
CITY-ST-ZIP	<b>Titusville FL 32780</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ERIC CLANTON** 321 861 5199  
4/1/03

CR2E037 (10/02)