


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90039 043 \*\*\*\*70.00

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DOCUMENT # N97000006671					
1. Entity Name SANTA ROSA ART ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4256 MILTON, FL 32572		Mailing Address P.O. BOX 4256 MILTON, FL 32572			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3492481	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VREELAND, SARA L 3205 KINGSMILL RD PACE, FL 32571			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, SUZANNE		NAME	PESCHEL, NAITA	
STREET ADDRESS	5547 WOODRIDGE DR.		STREET ADDRESS	5055 SERRY LANE	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	PACE FL 32571	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESCHEL, NAITA		NAME	RICHARDSON, MARIANNE	
STREET ADDRESS	5055 SERRY LANE		STREET ADDRESS	5053 JAN MIGUEL ST.	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	AVALON BEACH FL 32583	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ELIZABETH		NAME	SEAL, JAVIE	
STREET ADDRESS	6153 WILLARD NORRIS RD		STREET ADDRESS	5697 ENGLISH TURN DR	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	PACE FL 32571	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, ASHLEY		NAME	LECKIE, ANGIE	
STREET ADDRESS	3754 WILLARD NORRIS RD		STREET ADDRESS	7703 TRINITY CHURCH RD	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Naïta Peschel</u> DATE: <u>2/6/06</u> DAYTIME PHONE: <u>850-994-7465</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					