

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002683

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7 TOWN CENTER LOOP  
C-16  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 59-3521038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPMAN, GARY A  
1414 CO HWY 283 S STE B  
SANTA ROSA BEACH, FL 32459 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: D ( ) Delete  
Name: JIM, BALKCOIN  
Address: # 50 THE PARKS DC, 78 LINDBERG DR  
City-St-Zip: ATLANTA, GA 30305

Title: SD ( ) Delete  
Name: ROSS, GEVENA  
Address: 77 CHATEAU LATOUR  
City-St-Zip: KENNER, LA 70065

Title: PD ( ) Delete  
Name: COX, CHAN  
Address: P.O BOX 660847  
City-St-Zip: BIRMINGHAM, AL 35266

Title: DVP ( ) Delete  
Name: MITCHELL, ROYCE  
Address: 247 MULBERRY  
City-St-Zip: MANDEVILLE, LA 70471

Title: DT ( ) Delete  
Name: TALLEY, ROGER  
Address: 303 WEST BROWN RD  
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: GARY A. SHIPMAN

RA

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date