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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005564

1. Corporation Name
SANTA ROSA YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business 300 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561	Mailing Address 300 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/28/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3567436
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURKLOW, MELVIN A 300 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	BURKLOW, MELVIN A		
	300 PENSACOLA BEACH BLVD.		
	GULF BREEZE FL 32561		
DVT	BURKLOW, ROBERT		
	236 WOODMERE DR.		
	HOHENWALD TN 38462		
DS	BURKLOW, EDWARD		
	1800 SANDY PLAINS PKWY., STE. 108		
	MARIETTA GA 30066		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/20/99 DAYTIME PHONE #: 850-932-0702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)