


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90233 005 \*\*\*\*70.00

<b>DOCUMENT # N98000005564</b>			
1. Entity Name <b>SANTA ROSA YACHT CLUB OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>300 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561</b>		Mailing Address <b>300 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561</b>	
2. Principal Place of Business		3. Mailing Address <b>P. O. BOX 1588</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>GULF BREEZE FL</b>	
Zip		Zip <b>32562-1588</b>	
Country		Country <b>Santa Rosa</b>	
4. FEI Number <b>59-3567436</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURKLOW, MELVIN A 5425 OAKMONT DR PACE FL 32571</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP BURKLOW, MELVIN A 5425 OAKMONT DR MILTON FL 32571 <input type="checkbox"/> Delete	TITLE	D Larry Manziek <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	1200 Ft. Pickens Rd. Unit. 8E
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola Beach FL 32561
TITLE	DV EASON, JACK <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1174 GRAND POINTE DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	
TITLE	DT KENDALL, ARNIE <input type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael Owen
STREET ADDRESS	2868 BAY MEADOW DR.	STREET ADDRESS	3 Madrid Ave.
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	DS BURR, TIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	208 PINE TREE DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	D BURKLOW, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	236 WOODMERE DR.	STREET ADDRESS	
CITY-ST-ZIP	HOHENWALD TN 38462	CITY-ST-ZIP	
TITLE	D PEWITT, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1265 GREENVIEW LANE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	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: <i>Melvin A. Burklow</i> Melvin A. Burklow, President		(850) 994-7675	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	