

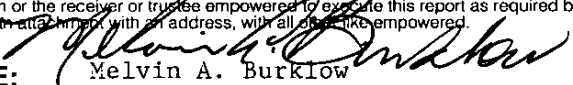


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000005564 1. Entity Name SANTA ROSA YACHT CLUB OWNERS ASSOCIATION, INC.						FILED 05 OCT 18 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 300 PENSACOLA BEACH BLVD. GULF BREEZE, FL 32561				Mailing Address P.O. BOX 1588 GULF BREEZE, FL 32562			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3567436		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10102005 Chg-NP CR2E037 (10/03)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BURKLOW, MELVIN A 5425 OAKMONT DR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25			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 NAME STREET ADDRESS CITY-ST-ZIP	DP BURKLOW, MELVIN A 5425 OAKMONT DR MILTON, FL 32571 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Manziek 1200 Ft. Pickens Rd. Unit 8E Pensacola Beach FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, JACK 1174 GRAND POINTE DR. GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James E. Broschious 284 Plantation Hill Rd. Gulf Breeze FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENDALL, ARNIE 2868 BAY MEADOW DR. GULF BREEZE, FL 32563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060694791 10/18/05--01009--003 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURR, TIM 208 PINE TREE DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Signature] 10/21 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWEN, MICHAEL 3 MADRID AVE. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEWITT, JAMES 1265 GREENVIEW LANE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Melvin A. Burklow				10/11/05		(850) 994-7675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	