


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90081 045 ****70.00

DOCUMENT # N98000005564

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



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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

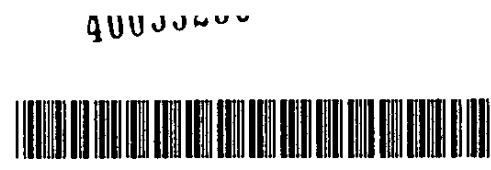
Zip Country Zip Country

4132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3567436

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**BURKLOW, MELVIN A
 5425 OAKMONT DR
 PACE, FL 32571**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BURKLOW, MELVIN A	
STREET ADDRESS	5425 OAKMONT DR	
CITY-ST-ZIP	MILTON, FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANZIEK, LARRY	
STREET ADDRESS	1200 FT PICKENS RD UNIT 8E	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KENDALL, ARNIE	
STREET ADDRESS	2868 BAY MEADOW DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURR, TIM	
STREET ADDRESS	208 PINE TREE DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, MICHAEL	
STREET ADDRESS	3 MADRID AVE.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PEWITT, JAMES	
STREET ADDRESS	1265 GREENVIEW LANE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Melvin A. Burklow*
 Melvin A. Burklow, Pres

Date: **4/17/2006** Daytime Phone #: **(850)994-7675**