


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 042 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3567436	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKLOW, MELVIN A		NAME		
STREET ADDRESS	5425 OAKMONT DR		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZIEK, LARRY		NAME		
STREET ADDRESS	1200 FT PICKENS RD UNIT 8E		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, ARNIE		NAME		
STREET ADDRESS	2868 BAY MEADOW DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, TIM		NAME		
STREET ADDRESS	208 PINE TREE DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTY, THOMAS E		NAME		
STREET ADDRESS	5896 COMMERCE RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32593		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BELIE		NAME	Sutton, Arthur J	
STREET ADDRESS	505 JAMES RIVER RD		STREET ADDRESS	1157 Harbor LN	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Gulf Breeze FL 32563	
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: <i>Arnold E Kendall</i> ARNOLD E KENDALL			2/21/2008 (850) 934-1005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40030724

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10. OFFICERS AND DIRECTORS

Hammett, Grey7192
7192 Woodstock Dr.
Baton Rouge LA 70809