

ATTACHMENT 10F2

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # N98000005564**  
 1. Entity Name  
**SANTA ROSA YACHT CLUB OWNERS ASSOCIATION, INC.**



**FILED**

08 MAY 15 AM 8:56

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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05122008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**BURKLOW, MELVIN A**  
**5425 OAKMONT DR**  
**PACE, FL 32571**

4. FEI Number  
**59-3567436**

Applied For  
 Not Applicable

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

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

**Amended AR is \$61.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKLOW, MELVIN A 5425 OAKMONT DR PACE, FL 32571 <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	DS MANZIEK, LARRY 1200 FT PICKENS RD UNIT 8E PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	000130679706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 06/03/08--01023--021 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURR, TIM 208 PINE TREE DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DOUGHTY, THOMAS E 5896 COMMERCE RD MILTON, FL 32593	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Krisman, Karl 5080 Roland Rd Pace, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUTTON, ARTHUR J 1157 HARBOR LN GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <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 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: *Arnold E. Kendall* **ARNOLD E. KENDALL, TREASURER** 05/13/2008 850-934-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS

10. OFFICERS AND DIRECTORS

Hammett, Grey  
7192 Woodstock Dr.  
Baton Rouge, LA 70809