2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005564

FILED Apr 02, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 300 PENSACOLA BEACH BLVD. GULF BREEZE, FL 32561 **Current Mailing Address: New Mailing Address:** P.O. BOX 1588 GULF BREEZE, FL 32562 FEI Number: 59-3567436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURKLOW, MELVIN A 5425 OAKMONT DR PACE, FL 32571 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BURKLOW, MELVIN A Name: Name: 5425 OAKMONT DR Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: DS () Delete Title: () Change () Addition MANZIEK, LARRY Name: Name: Address: 1200 FT PICKENS RD UNIT 8E Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENDALL, ARNIE KENDALL, ARNOLD E Name: Name: 2868 BAY MEADOW DR. 2868 BAY MEADOW DR. Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563 () Delete Title: DP Title: DP (X) Change () Addition Name: BURR, TIM Name: BURR, TIMOTHY F 208 PINE TREE DR. Address: Address: 208 PINE TREE DR. City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 Title: () Delete Title: () Change () Addition KRISMAN, KARL Name: Name: 5080 ROLAND RD. Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: () Delete Title: () Change () Addition SUTTON, ARTHUR J Name: Name: Address: 1157 HARBOR LN Address: GULF BREEZE, FL 32563 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD E KENDALL TREA 04/02/2009