

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N98000005564

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

Current Principal Place of Business:

300 PENSACOLA BEACH BLVD.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1588
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-3567436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BURKLOW, MELVIN A
Address: 5425 OAKMONT DR
City-St-Zip: PACE, FL 32571

Title: DS () Delete
Name: MANZIEK, LARRY
Address: 1200 FT PICKENS RD UNIT 8E
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DT () Delete
Name: KENDALL, ARNIE
Address: 2868 BAY MEADOW DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: DP () Delete
Name: BURR, TIM
Address: 208 PINE TREE DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: KRISMAN, KARL
Address: 5080 ROLAND RD.
City-St-Zip: PACE, FL 32571

Title: DV () Delete
Name: SUTTON, ARTHUR J
Address: 1157 HARBOR LN
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: KENDALL, ARNOLD E
Address: 2868 BAY MEADOW DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: DP (X) Change () Addition
Name: BURR, TIMOTHY F
Address: 208 PINE TREE DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

_____ Date