

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760087

Entity Name: SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA COUNTY, FLORIDA**Current Principal Place of Business:**SANTA ROSA SHORES HOMEOWNERS ASSOCIATION
GULF BREEZE, FL 32563**Current Mailing Address:**P.O. BOX 6003
GULF BREEZE, FL 32563 US**FEI Number: 59-2932146****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILLER, RODNEY A.
1170 SEABREEZE LN
GULF BREEZE, FL 32563 US*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: RODNEY A MILLER****05/15/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PP, VP	Title	TREASURER
Name	TALLEY, TRAVIS MR	Name	ZEMBRZUSKI, YVETTE
Address	1242 REDWOOD LANE	Address	3356 LAUREL DR
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	SECRETARY	Title	VP
Name	HOWARD, JASON MICHAEL	Name	ADAMS, RICK MR
Address	3303 LAUREL DR	Address	1221 HARRISON AVE
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	PP2	Title	PP1
Name	RICHARDS, DONALD EMR	Name	BROGDON, CAROL MRS
Address	1129 PARK LANE	Address	3417 HILLSIDE AVENUE
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	PRESIDENT		
Name	MILLER, RODNEY		
Address	1170 SEABREEZE LANE		
City-State-Zip:	GULF BREEZE FL 32563		

I hereby 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 all other like empowered.

SIGNATURE: RODNEY A. MILLER**PRESIDENT****05/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date