DOCUMENT# N0600001099			Apr 05, 2024
Entity Name: SANTA ROSA GOLF VILLAS OWNERS ASSOCIATION, INC.			NC. Secretary of State
<b>Current Prin</b> 42 GOLF VILLA	ncipal Place of Business:		4137191329CC
Current Mai	iling Address:		
P O BOX 22 SANTA ROS	96 SA BEACH, FL 32459 US		
FEI Number	Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent	:	
327 S CO HWY SUITE 201	CIATION MANAGEMENT 7 393 BEACH, FL 32459 US		
The above name	d entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	E: LAM		04/05/2024
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	TREASURER	Title	PRESIDENT
Name	LAUER-MUMMAU, ANDREA	Name	JACOBSON, DAVID
Address	42 GOLF VILLAS DRVE	Address	42 GOLF VILLAS DRVE
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	OFFICER	Title	SECRETARY
Name	WHITE, ANNA	Name	KINGSLEY, MEGAN
Address	42 GOLF VILLAS DRVE	Address	42 GOLF VILLAS DRVE
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	VP		
Name	OESTREICH, GEORGE		

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: DAVID JACOBSON

42 GOLF VILLAS DRVE

City-State-Zip: SANTA ROSA BEACH FL 32459

Address

PRESIDENT

04/05/2024

FILED

Electronic Signature of Signing Officer/Director Detail