

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000005564

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

Current Principal Place of Business:

300 PENSACOLA BEACH BLVD.
GULF BREEZE, FL 32561-4864

Current Mailing Address:

P.O. BOX 1588
GULF BREEZE, FL 32562-1588 US

FEI Number: 59-3567436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEBERT, RANDOLPH J
300 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	O'DANIEL, ANDY	Name	NICODEMUS, ROBERT E
Address	108 S. SUNSET BLVD	Address	1139 WINDCHIME WAY
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR	Title	DIRECTOR
Name	SMITH, MARTIC R	Name	HAMMETT, GREY
Address	512 EVENTIDE DR	Address	7192 WOODSTOCK DR.
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	BATON ROUGE LA 70809

Title	PRESIDENT	Title	DIRECTOR
Name	HEBERT, RANDOLPH J JR.	Name	COOK, JAMES H
Address	288 PLANTATION HILL RD.	Address	1107 ARIOLA DR.
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	PENSACOLA BEACH FL 32561

Title	DIRECTOR, VP	Title	TREASURER
Name	LYNCHARD, LANE	Name	KENDALL, ARNOLD
Address	1402 PLAYES CLUB CIRCLE	Address	10100 HILLVIEW DR APT 322
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	PENSACOLA FL 32514

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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: SUSAN R KLADITIS

ADMIN

12/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name BURR, TIMOTHY

Address 604 FAIRPOINT DR

City-State-Zip: GULF BREEZE FL 32561