

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005564

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC3730038775**

**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:**

300 PENSACOLA BEACH BLVD  
GULF BREEZE, FL 32561 US

**FEI Number:** 59-3567436

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURR, TIMOTHY  
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:** TIMOTHY BURR

03/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name O'DANIEL, ANDY  
Address 108 S. SUNSET BLVD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR, SECRETARY  
Name NICODEMUS, ROBERT E  
Address 1139 WINDCHIME WAY  
City-State-Zip: PENSACOLA FL 32503

Title TREASURER  
Name SMITH, MARTIC R  
Address 512 EVENTIDE DR  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name HAMMETT, GREY  
Address 7192 WOODSTOCK DR.  
City-State-Zip: BATON ROUGE LA 70809

Title DIRECTOR  
Name HEBERT, RANDOLPH J JR.  
Address 288 PLANTATION HILL RD.  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name COOK, JAMES H  
Address 1107 ARIOLA DR.  
City-State-Zip: PENSACOLA BEACH FL 32561

Title DIRECTOR, VP  
Name LYNCHARD, LANE  
Address 1402 PLAYES CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title PRESIDENT  
Name BURR, TIMOTHY  
Address 604 FAIRPOINT DR  
City-State-Zip: GULF BREEZE FL 32561

*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:** MARTIC SMITH

**TREASURER**

03/24/2017

Electronic Signature of Signing Officer/Director Detail

Date