

2015 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes

Name and Address of Current Registered Agent:

BURKLOW, MELVIN A
5620 FOX TRAIL DRIVE
PACE, FL 32571 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
Name BURKLOW, MELVIN A
Address 5620 FOX TRAIL DRIVE
City-State-Zip: PACE FL 32571

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

Title DIRECTOR
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 PRESIDENT, TREASURER, 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 TREASURER
Name KENDALL, ARNOLD
Address 10100 HILLVIEW DR
APT 322
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

ADMINISTRATOR

04/06/2015

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