

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005564

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC9457473986**

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

**Current Principal Place of Business:**

300 PENSACOLA BEACH ROAD  
GULF BREEZE, FL 32561-4864

**Current Mailing Address:**

300 PENSACOLA BEACH ROAD  
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 ROAD  
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

01/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name O'DANIEL, ANDY  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name NICODEMUS, ROBERT E  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title TREASURER  
Name SMITH, MARTIC R  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name HAMMETT, GREY  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name CAMERO, LUIS  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name LEININGER, RELDON  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title SECRETARY  
Name BABIN-NEAL, ANNA  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title PRESIDENT  
Name BURR, TIMOTHY  
Address 300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

**Continues on page 2**

*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:** STEVE DAVIS

**FACILITY MANAGER**

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LANGEN, MIKE  
Address        300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title            FACILITY MANAGER  
Name            DAVIS, STEVE  
Address        300 PENSACOLA BEACH ROAD  
City-State-Zip: GULF BREEZE FL 32561