

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715951

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** SANTA ROSA GOLF AND BEACH CLUB, INC.

**Current Principal Place of Business:**

4801 W COUNTY HWY 30A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

4801 W COUNTY HWY 30A  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-1306549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS & HAWKINS, PA. MARY KRAEMER  
4475 LEGENDARY DRIVE  
DESTIN, FL 32541 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LANCASTER, JERRY  
Address: 259 TWISTED PINE TRAIL  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS  
Name: HENINGER, MICHAEL  
Address: 79 ADAIR LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT  
Name: SHEPHERD, JIM  
Address: 167 COQUINA PLACE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV  
Name: LILLIE, KENT  
Address: 1616 SAN GIOVANNI DRIVE  
City-St-Zip: MIRAMAR BEACH, FL 32550

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: MICHAEL HENINGER

DS

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date