

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758914** (6)  
1. Corporation Name  
**SANTA ROSA CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>302 SANTA ROSA BLVD FT WALTON BEACH FL 32549</b>	Mailing Address <b>302 SANTA ROSA BLVD FT WALTON BEACH FL 32548-6184</b>
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3. Date Incorporated or Qualified <b>06/25/1981</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2122380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent

**GRIM, HARRY  
202 ANGLEFISH #4  
FT WALTON BCH., FL 32548**

10. Name and Address of New Registered Agent

81 Name <b>BILL DANZEY</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>302 SANTA ROSA BLVD</b>
83 City <b>FT WALTON BCH FL</b>
84 Zip Code <b>32548</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **BILL DANZEY**  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/26/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHMIDT, DIANE</b> <b>619 CAMBORNE AVE</b> <b>FT WALTON BCH. FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRIM, DARLEEN M</b> <b>406 HOLMES BLVD.</b> <b>FT. WALTON BEACH FL 32548</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GRIM, HARRY</b> <b>406 HOLMES BLVD. N.W.</b> <b>FT WALTON BCH. FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLOER, DONALD</b> <b>20 NEPTUNE DR.</b> <b>FT. WALTON BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLOER, DONALD</b> <b>20 NEPTUNE DR</b> <b>FT WALTON BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCALL, MARY</b> <b>302 ADAMS ST</b> <b>CRESTVIEW FL</b>	<input checked="" type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P</b> <b>JOHN WOLFE</b> <b>284 BROOKS ST SE</b> <b>FT WALTON BCH, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SOBT</b> <b>BILL DANZEY</b> <b>302 SANTA ROSA BLVD</b> <b>FT WALTON BCH, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>HARRY GRIM</b> <b>406 HOLMES BLVD. N.W. 610</b> <b>FT WALTON BCH, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>HARRY GRIM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>V</b> <b>MARY MCCALL</b> <b>302 ADAMS ST.</b> <b>CRESTVIEW FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>HARRY GRIM</b> <b>406 HOLMES BLVD NW</b> <b>FL WALTON BCH, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED DANZEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/26/97**  
Daytime Phone **904 243-2776**  
0073953

CR2E037 (9/96)