2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT #758914** Apr 10, 2000 8:00 am 1. Entity Name Secretary of State SANTA ROSA CONDOMINIUM OWNERS ASSOCIATION, INC. 04-10-2000 90022 048 ****61.25 Principal Place of Business Mailing Address 302 SANTA ROSA BLVD 302 SANTA ROSA BLVD FT WALTON BEACH FL 32549 FT WALTON BEACH FL 32549 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2122380 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANZEY, BILL 302 SANTA ROSA BLVD FT WALTON BCH FL 32548 8. 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President ☐ Addition ☐ Delete TITLE TITLE NAME WillieLand NAME LAND, WILLIE STREET ADDRESS STREET ADDRESS 886 CUMBERLAND RD Same CITY-ST-ZIP CITY-ST-7IP atlanta ga Change ☐ Addition ☐ Delete TITLE TITLE isdt NAME Danzey NAME DANZEY, BILL STREET ADDRESS 302 SANTA ROSA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL ☐ Change TITLE Delete ---TITLE -NAME NAME GRIM. HARRY STREET ADDRESS STREET ADDRESS 406 HOLMES BLVD. N.W. CITY-ST-ZIP CITY-ST-ZIP <u>ft walton BCH. Fl</u> Change ☐ Addition eusuer TITLE TITLE ☐ Delete hirley Mi aud NAME NAME MCARDLE, SHIRLEY STREET ADDRESS STREET ADDRESS 25 KING RD CITY-ST-ZIP CITY-ST-ZIP ASHFORD AL 36312 Change ☐ Addition TITLE TITLE ☐ Delete mary McCall NAME MCCALL, MARY STREET ADORESS STREET ADDRESS 302 ADAMS ST CITY-ST-7IP CITY-ST-ZIP Crestview fl TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in changed, or on an attachment with n addres