2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01

DOCUMENT # 758914

1. Entity Name

SANTA ROSA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
302 SANTA ROSA BLVD FT WALTON BEACH FL 32549	302 SANTA ROSA BLVD FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-2122380 — Applied For / Not Applicable
Zip — Country	Zip — Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Shirley McArdle same DANZEY, BILL 302 SANTA ROSA BLVD FT WALTON BCH FL 32548 302 Santa Rosa Ft. Walton Bch, Fl 32548	Name Shirley McArdle Street Address (P.O. Box Number is Not Acceptable) 25 King Rd Blvd. (Ashford), AL 36312 City _____ FL Zip Code

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.

SIGNATURE _McArdle_   01-09-01

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	Make Check Payable to Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAND, WILLIE 886 CUMBERLAND RD ATLANTA GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANZEY, BILL 302 SANTA ROSA BLVD FT. WALTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCARDLE, SHIRLEY 25 KING RD ASHFORD AL 36312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, MARY 302 ADAMS ST CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, BRAD 302 SANTA ROSA BLVD UNIT 6 FT WALTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E037 (10/00)

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _McArdle_   01-09-01   334-899-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #