2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L43403

1. Entity Name
REALTY ASSOCIATES OF SANTA ROSA, INC.

Principal Place of Business	Mailing Address
2045 FOUNTAIN PROFESSIONAL COURT,SUITE B NAVARRE BCH, FL 32566 US	2045 FOUNTAIN PROFESSIONAL COURT,SUITE B NAVARRE BCH, FL 32566 US

DO NOT WRITE IN THIS SPACE

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04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3003519	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, BETTY
1901 RUE LA FONTAINE
NAVARRE, FL 32566

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOUNTAIN, BETTY
STREET ADDRESS	1901 RUE LA FONTAINE
CITY-ST-ZIP	NAVARRE, FL
TITLE	SVP
NAME	FOUNTAIN, GREGORY
STREET ADDRESS	1901 RUE LA FONTAINE
CITY-ST-ZIP	NVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: _____ 4/17/07

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