

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002198

FILED  
Mar 05, 2008  
Secretary of State

**Entity Name:** SANTA ROSA PLACE APARTMENTS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HWY 20 E  
SUITE 313  
NICEVILLE, FL 32578

**New Principal Place of Business:**

4400 HWY 20 E  
SUITE 312  
NICEVILLE, FL 32578

**Current Mailing Address:**

PO BOX 5263  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 65-1178738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDSBERGER, DARLANE  
4400 HWY 20 E  
SUITE 313  
NICEVILLE, FL 32578 US

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

LANDSBERGER, DARLANE  
4400 HWY 20 E  
SUITE 312  
NICEVILLE, FL 32578 US

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: \_\_\_\_\_

03/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SEGNO, RALPH  
Address: 4419 COMMONS DR E  
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete  
Name: WADE, JUDY  
Address: 9444 OLYMPIA FIELD DR  
City-St-Zip: SAN RAMON, CA 94583

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SEGNO, RALPH  
Address: PO BOX 5144  
City-St-Zip: DESTIN, FL 32540

Title: STD (X) Change ( ) Addition  
Name: WADE, JUDY  
Address: 9444 OLYMPIA FIELDS DR  
City-St-Zip: SAN RAMON, CA 94583

Title: D ( ) Change (X) Addition  
Name: HAKE, RITA  
Address: 142 AZURE PLACE  
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH SEGNO

PD

03/05/2008

Electronic Signature of Signing Officer or Director

Date