

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002198

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

4400 HWY 20 E
SUITE 312
NICEVILLE, FL 32578

New Principal Place of Business:

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 312
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD () Change (X) Addition
Name: BRINSON, S. PHILIP
Address: 108 DON BISHOP RD #3-4
City-St-Zip: SANTA ROSA BEACH, FL 32549 US

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: S PHILIP BRINSON

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date