
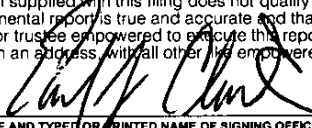


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 029 ****61.75

DOCUMENT # N04000002948 1. Entity Name SANTA ROSA OAKS CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1903 FORT WALTON BEACH, FL 32549			Mailing Address P.O. BOX 1903 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1256187	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGHEE, DERRICH 2160 TOM ST. NAVARRE, FL 32549			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGHEE, DERRICH		NAME		
STREET ADDRESS	2160 TOM ST.		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, KEN		NAME		
STREET ADDRESS	P.O. BOX 5562		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, EARL		NAME		
STREET ADDRESS	P.O. BOX 1034		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32549		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 information.					
SIGNATURE: 			EARL J. CLARK		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 6/30/06 Daytime Phone #: 850-314-0978		

50024822



07252006 Chg-NP CR2E037 (4/06)

ATTACHMENT
50054822
#N04000002948

PAMELA ROWE SCHOENER CPA PA
210 HOSPITAL DRIVE
FT WALTON BEACH FL 32548

850-581-5452

JULY 24, 2006 FOR SANTA ROSA OAKS

PLEASE ACCEPT THIS ANNUAL REPORT AND \$61.75 RENEWAL FEE. CHECK
153 WAS WRITTEN MARCH 30, 2006 BUT HAS YET TO CLEAR. I AM
CONCERNED IT GOT LOST IN THE MAIL.

Thank you

Pam Schoener

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581-5452

Pam Schoener CPA