2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N04000002948

Entity Name: SANTA ROSA OAKS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1903
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

TOM STREET
NAVARRE, FL 32566

Current Mailing Address:

P.O. BOX 1903
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-1256187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, TANYA
2119 TOM ST
NAVARRE, FL 32566 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: VP ( ) Delete
Name: MEEKS, GREG
Address: 437 TANGLEWOOD DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete
Name: KELLY, SARA
Address: 2147 TOM STREET
City-St-Zip: NAVARRE, FL 32566

Title: PD ( ) Delete
Name: JONES, TANYA
Address: 2119 TOM ST
City-St-Zip: NAVARRE, FL 32566

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD ( ) Change (X) Addition
Name: HEINTZELMAN, MATTHEW
Address: 4713 VINCENT HILL CT
City-St-Zip: N. LAS VEGAS, NV 89031

Title: D ( ) Change (X) Addition
Name: PHILLIPS, JON
Address: 2117 TOM STREET
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Change (X) Addition
Name: DAWSON, MELISSA
Address: 2138 TOM STREET
City-St-Zip: NAVARRE, FL 32566

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: TANYA JONES P 02/14/2009

Electronic Signature of Signing Officer or Director — Date