

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002948

FILED  
Apr 10, 2010  
Secretary of State

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

**Current Principal Place of Business:**

TOM STREET  
NAVARRE, FL 32566

**New Principal Place of Business:**

29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548

**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:**

FOWNER, DEBBIE  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548 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: DEBBIE FOWNER

04/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEEKS, GREG  
Address: 437 TANGLEWOOD DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP  
Name: KELLY, SARA  
Address: 2147 TOM STREET  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: CLARK, EARL  
Address: 2155 TOM ST  
City-St-Zip: NAVARRE, FL 32566

Title: S/T  
Name: PHILLIP, JON  
Address: 2117 TOM STREET  
City-St-Zip: NAVARRE, F 32566

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE FOWNER

AM

04/10/2010

Electronic Signature of Signing Officer or Director

Date