


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90172 006 ****61.25

DOCUMENT # N04329	
1. Entity Name SANTA ROSA EXECUTIVE PLAZA OWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 258 MARY ESTHER, FL 32569 US	Mailing Address P.O. BOX 258 MARY ESTHER, FL 32569 US
---	---

40069371



2. Principal Place of Business 151 MARY ESTHER BLVD	3. Mailing Address Suite, Apt. #, etc.
---	---

03282006 Chg-NP CR2E037 (11/05)

City & State MARY ESTHER, FL	City & State
Zip 32569	Country USA

4. FEI Number 59-2588047	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent COX, SUSAN J 308 MIRACLE STRIP PKWY, #22A FORT WALTON BEACH, FL 32548	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 348 HOLMES BLVD, NW City FORT WALTON BEACH FL Zip Code 32548	
---	--

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 <u><i>Susan J. Cox</i></u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>4-12-06</u> DATE

Filing Fee is \$61.25 Due by May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAPIER, ROBERT <input checked="" type="checkbox"/> Delete 151 MARY ESTHER BLVD #202 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWERS, DOUG <input checked="" type="checkbox"/> Delete 151 MARY ESTHER BLVD #402 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROAT, SCOTT <input type="checkbox"/> Delete 151 MARY ESTHER BLVD #510 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SKELLY, JOE 151 MARY ESTHER BLVD, #201 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOODMAN, CAROL 151 MARY ESTHER BLVD, #104 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>APR 13-06</u> Date	DAYTIME PHONE # <u>850-243-1255</u> Daytime Phone #
--	-------------------------------	--