

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04329

FILED
Apr 07, 2009
Secretary of State

Entity Name: SANTA ROSA EXECUTIVE PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

151 MARY ESTHER BLVD
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 258
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 59-2588047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, SUSAN J
348 HOLMES BLVD, NW
FORT WALTON BEACH, FL 32548 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: VPD () Delete
Name: SKELLY, JOE
Address: 151 MARY ESTHER BLVD, #201
City-St-Zip: MARY ESTHER, FL 32569

Title: STD () Delete
Name: GOODMAN, CAROL
Address: 151 MARY ESTHER BLVD, #104
City-St-Zip: MARY ESTHER, FL 32569

Title: PD () Delete
Name: GROAT, SCOTT
Address: 151 MARY ESTHER BLVD, #510
City-St-Zip: MARY ESTHER, FL 32569

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GROAT, SCOTT
Address: 151 MARY ESTHER BLVD, #510
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VPD (X) Change () Addition
Name: SKELLY, JOSEPH
Address: 151 MARY ESTHER BLVD, #201
City-St-Zip: MARY ESTHER, FL 32569 US

Title: STD (X) Change () Addition
Name: POWELL, AVA
Address: 151 MARY ESTHER BLVD, #312
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGR () Change (X) Addition
Name: COX, SUSAN J
Address: 348 HOLMES BLVD, NW
City-St-Zip: FORT WALTON BEACH, FL 32548 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: SUSAN J. COX

_____ Electronic Signature of Signing Officer or Director

MGR

04/07/2009

_____ Date