



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05085</b>	
1. Entity Name <b>FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>32 CALLE HERMOSA PENSACOLA BEACH, FL 32561 US</b>	Mailing Address <b>32 CALLE HERMOSA PENSACOLA BEACH, FL 32561 US</b>
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**DO NOT WRITE IN THIS SPACE**

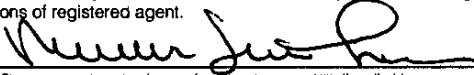


02042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>21-0226880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FRATES-SMITH, MILDRED 32 CALLE HERMOSA PENSACOLA BEACH, FL 32561</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  DATE **2-8-07**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000632335 02/21/07-80018-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRATES-SMITH, MILDRED 36 CALLE HERMOSA PENSACOLA BEACH, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KREITZBERG, KAREN 32 CALLE HERMOSA PENSACOLA BEACH, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCGARTLAND, MIKE 1300 S. UNIVERSITY DR., UNIVERSITY CTR 500 FT. WORTH, TX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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 like empowered.

SIGNATURE:  **KAREN Kreitzberg** 2-8-07 850-932-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #