## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05085

FILED Jun 28, 2009 Secretary of State

Entity Name: FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOCIATION. INC

urrent P	rincipal Place of Business:	New Principal Place of Business:	
	HERMOSA DLA BEACH, FL 32561 US		
urrent M	lailing Address:	New Mailing Address:	
	HERMOSA DLA BEACH, FL 32561 US		
	: 21-0226880 FEI Number Applied For ( ) Face with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable ( ) Certificate of Status Deceive the prior notice.	sired()
lame and	Address of Current Registered Agent:	Name and Address of New Registered Agen	ıt:
RATES-S	SMITH, MILDRED		
6 CALLE	HERMOSA DLA BEACH, FL 32561 US		
6 CALLE ENSACC	HERMOSA DLA BEACH, FL 32561 US	ose of changing its registered office or registered age	nt, or both,
6 CALLE ENSACO he above the State	HERMOSA DLA BEACH, FL 32561 US e named entity submits this statement for the purple of Florida.  RE:		nt, or both,
6 CALLE ENSACO he above the State	HERMOSA DLA BEACH, FL 32561 US e named entity submits this statement for the purple of Florida.	ose of changing its registered office or registered age Date	nt, or both,
6 CALLE PENSACC The above In the State SIGNATU	HERMOSA DLA BEACH, FL 32561 US e named entity submits this statement for the purple of Florida.  RE:		
6 CALLE ENSACC he above i the Stati	HERMOSA DLA BEACH, FL 32561 US e named entity submits this statement for the purple of Florida.  RE:  Electronic Signature of Registered Agent	Date	
6 CALLE ENSACO he above the State IGNATU FFICER ttle: ame: ddress:	HERMOSA DLA BEACH, FL 32561 US  e named entity submits this statement for the purple of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  P () Delete FRATES-SMITH, MILDRED 36 CALLE HERMOSA	Date  ADDITIONS/CHANGES TO OFFICERS AND  Title: ( ) Change ( ) Addition Name: Address:	

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: MILDRED FRATE-SMITH PRES 06/28/2009