2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N06000001842

Entity Name: PLANTATION AT SANTA ROSA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4300 LEGENDARY DRIVE
SUITE C-204
DESTIN, FL 32541

New Principal Place of Business:

700 SOUTH PALAFOX STREET
SUITE 85
PENSACOLA, FL 32502

Current Mailing Address:

4300 LEGENDARY DRIVE
SUITE C-204
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 820
CRESTVIEW, FL 32536

FEI Number: 20-5181477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, RICHARD
4300 LEGENDARY DRIVE
SUITE C-204
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MCCANN, RONALD
1328 N. FERDON BLVD.
STE. 321
CRESTVIEW, FL 32536 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: RONALD MCCANN 02/13/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, BRIAN T
Address: 700 SOUTH PALAFOX STREET, SUITE 1000
City-St-Zip: PENSACOLA, FL 32502

Title: VPD ( ) Delete
Name: EVERETT, CHARLES ROSS
Address: 700 SOUTH PALAFOX STREET, SUITE 1000
City-St-Zip: PENSACOLA, FL 32502

Title: STD (X) Delete
Name: LUSK, JAMES E
Address: 700 SOUTH PALAFOX STREET, SUITE 100
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EVERETT, CHARLES R
Address: 700 SOUTH PALAFOX STREET, SUITE 85
City-St-Zip: PENSACOLA, FL 32502

Title: STD (X) Change ( ) Addition
Name: LUSK, JAMES E
Address: 700 SOUTH PALAFOX STREET, SUITE 85
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD MCCANN RA 02/13/2007
Electronic Signature of Signing Officer or Director Date