2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15695

1. Entity Name
SANTA ROSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3653 SAWGRASS DR. TITUSVILLE, FL 32780	3653 SAWGRASS DR. TITUSVILLE, FL 32780

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08082006 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2886922	Not Applicable

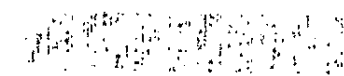5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TYSON, KIMBERLY A
3653 SAWGRASS DRIVE
TITUSVILLE, FL 32780

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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

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

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TYSON, KIM
STREET ADDRESS	3653 SAWGRASS DR
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	VD
NAME	DUNCAN, JAMES
STREET ADDRESS	3655 SAWGRASS DR
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Kimberly A Tyson_   8/20/06 (321) 264-3000

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