

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004674

FILED
Jan 04, 2007
Secretary of State

Entity Name: SANTA ROSA TOWERS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 FORT PICKENS ROAD
UNIT 102
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

800 FORT PICKENS ROAD
UNIT 102
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3531024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRATH, DAN
800 FT. PICKENS ROAD
UNIT 302
PENSACOLA BEACH, FL 32561 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: PRES () Delete
Name: MCGRATH, DAN
Address: 800 FT PICKERS ROAD, # 302
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SEC () Delete
Name: SHIMEK, TERESA
Address: 423 NORTH BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VPD () Delete
Name: PURCELL, HARRY
Address: 800 FT. PICKENS RD # 1201
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TREA () Delete
Name: BARREN, TOM
Address: 800 FT. PICKENS ROAD # 104
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: RLG () Delete
Name: SINDEL, KAREN
Address: 800 FT PICKERS ROAD, # 1303
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA (X) Change () Addition
Name: SPROWLS, BOB
Address: 800 FT. PICKENS ROAD # 104
City-St-Zip: PENSACOLA BEACH, FL 32561

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: DAN MCGRATH

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date