

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90048 020 ***150.00

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1. Entity Name
SANTA ROSA BEACH DEVELOPMENT CORP I

Principal Place of Business
**13601 PERDITO KEY DRIVE
PENSACOLA, FL 32507**

Mailing Address
**13601 PERDITO KEY DRIVE
PENSACOLA, FL 32507**

94030431

2. Principal Place of Business
13601 Perdido Key Dr
Suite, Apt. #, etc.

3. Mailing Address
13601 Perdido Key Dr.
Suite, Apt. #, etc.



03052004 Chg-P CR2E034 (10/03)

City & State
Pensacola, FL
Zip
32507

City & State
Pensacola, FL
Zip
32507

4. FEI Number
APPLIED FOR 59-3680394
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, MARK L ESQUIRE
1380 NORTHEAST MIAMI GARDENS DR
SUITE 246
NORTH MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ZOHOURI, FRED S**
STREET ADDRESS **600 WEST PEACHTREE ST, #1200**
CITY-ST-ZIP **ATLANTA, GA 30308**

TITLE **VP** ☐ Delete
NAME **RETHATI, GEORGE O**
STREET ADDRESS **13601 PERDITO KEY DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George O. Rethati, VP 3-5-04 850-492-2940

Date

Daytime Phone #