

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90060 047 ***150.00

DOCUMENT # P98000063973

1. Entity Name
SANTA ROSA BEACH DEVELOPMENT CORP I



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

Mailing Address
**440 BAYFRONT PARKWAY
PENSACOLA, FL 32502**

40029628



2. Principal Place of Business - No P.O. Box #
440 BAYFRONT PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-P CR2E034 (12/06)

City & State
PENSACOLA, FL

City & State

4. FEI Number
59-3680394

Applied For
Not Applicable

Zip
32502

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address from all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

850-439-1139

Daytime Phone #