

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

|   |  |
|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|--|

DOCUMENT # S18324

1. Corporation Name

SANTA ROSA GOLF ASSOCIATES, INC.

Principal Place of Business

3220 AVALON BLVD  
MILTON FL 32583  
US

Mailing Address

3220 AVALON BLVD  
MILTON FL 32583  
US

3. Date Incorporated or Qualified

12/10/1990

3a. Date of Last Report

05/01/1997

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

28

30

4. FEI Number

59-3056707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JANE MILLER

3220 AVALON BLVD.

MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |  |
|-----------------|---------------------|--|
| TITLE           | DP                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | LEE, JAMES C., III  |  |
| STREET ADDRESS  | 111 OXMOOR ROAD     |  |
| CITY - ST - ZIP | BIRMINGHAM AL 35209 |  |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |

|                     |                             |  |
|---------------------|-----------------------------|--|
| 2.1 TITLE           | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | STEWART R. DUDLEY           |  |
| 2.3 STREET ADDRESS  | 2101 MAGNOLIA AVE S STE 300 |  |
| 2.4 CITY - ST - ZIP | BIRMINGHAM AL 35205         |  |

|                     |                   |  |
|---------------------|-------------------|--|
| 3.1 TITLE           | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | JANE MILLER       |  |
| 3.3 STREET ADDRESS  | 3220 AVALON BLVD. |  |
| 3.4 CITY - ST - ZIP | MILTON FL 32583   |  |

|                     |  |   |
|---------------------|--|---|
| 4.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |  |   |
| 4.3 STREET ADDRESS  |  |   |
| 4.4 CITY - ST - ZIP |  |   |

|                     |  |   |
|---------------------|--|---|
| 5.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |  |   |
| 5.3 STREET ADDRESS  |  |   |
| 5.4 CITY - ST - ZIP |  |   |

|                     |  |   |
|---------------------|--|---|
| 6.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |  |   |
| 6.3 STREET ADDRESS  |  |   |
| 6.4 CITY - ST - ZIP |  |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)