

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S18324</b>	
1. Entity 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



09012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3056707	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, JANE  
3220 AVALON BLVD  
MILTON, FL 32583

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000171713  
09/08/04-80002-014 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, JAMES C., III 111 OXMOOR RD. BIRMINGHAM AL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, STEWART R 2101 MAGNOLIA AVE, S. STE. 300 BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JANE 3220 AVALON BLVD. MILTON, FL 32583
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 207, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/04

Date

205-326-0402

Daytime Phone #