

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 021 ***150.00

DOCUMENT # S18324

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**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3056707

Applied For
Not Applicable

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

Jane Miller

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

(NOTE: Registered Agent signature required when reinstating)

4-29-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEE, JAMES C., III
STREET ADDRESS	111 OXMOOR RD.
CITY-ST-ZIP	BIRMINGHAM AL,
TITLE	D
NAME	DUDLEY, STEWART R
STREET ADDRESS	2101 MAGNOLIA AVE. S. STE. 300
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	D
NAME	MILLER, JANE
STREET ADDRESS	3220 AVALON BLVD.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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

Jane Miller

Date

Daytime Phone #

4-29-05 850-994-8200