2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18324

FILED Mar 18, 2009 Secretary of State

Entity Name: SANTA ROSA GOLF ASSOCIATES, INC.

urrent P	rincipai Place	of Business:	New Principal Place	of Business:
	LON BLVD FL 32583 U	S		
Current Mailing Address:		New Mailing Address:		
	LON BLVD FL 32583 U	S		
El Number:	: 59-3056707	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
IILLER, JA 220 AVAL IILTON, F	LON BLVD	S		
	2 02000			
		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
the State	named entity e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
the State	named entity e of Florida. RE: Electror			
the State	named entity e of Florida. RE: Electror	nic Signature of Registered Agr	ent	
the State	named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete ., III, RD.	ent	Date
the State IGNATUF Lection Car FFICERS ttle: Lame: Lddress:	named entity is of Florida. RE: Electron mpaign Financin S AND DIREC DP (LEE, JAMES C 111 OXMOOR BIRMINGHAM D D (DUDLEY, STEV	nic Signature of Registered Agr g Trust Fund Contribution (). TORS:) Delete ., III, RD. AL,) Delete WART R IA AVE. S. STE. 300	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C LEE III DP 03/18/2009