

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002948

**FILED**  
**May 06, 2021**  
**Secretary of State**  
**2602726064CC**

**Entity Name:** SANTA ROSA OAKS CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1805 ALHAMBRA STREET  
NAVARRE, FL 32566

**Current Mailing Address:**

1805 ALHAMBRA STREET  
NAVARRE, FL 32566 US

**FEI Number:** 20-1256187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOTAL PROPERTY MANAGERS  
1805 ALHAMBRA STREET  
NAVARRE, FL 32566 US

*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.*

**SIGNATURE:** NIKOLE MATHEWS

05/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SZUBA, PETER  
Address        1805 ALHAMBRA STREET  
City-State-Zip: NAVARRE FL 32566

Title           VP  
Name           GUILLORY, ANTHONY  
Address        1805 ALHAMBRA STREET  
City-State-Zip: NAVARRE FL 32566

Title           PRESIDENT  
Name           RALPH, MARVIN  
Address        1805 ALHAMBRA STREET  
                  2147 TOM STREET  
City-State-Zip: NAVARRE FL 32566

Title           MGR  
Name           TOTAL PROPERTY MANAGERS  
Address        1805 ALHAMBRA STREET  
City-State-Zip: NAVARRE FL 32566

Title           SECRETARY  
Name           SARTZ, TIM  
Address        1128 PIN OAK CIRCLE  
City-State-Zip: NICEVILLE FL 32578

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOTAL PROPERTY MANAGERS

MGR

05/06/2021

Electronic Signature of Signing Officer/Director Detail

Date