

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 011 ****61.25

DOCUMENT # N01000008859 1. Entity Name SANTA FE FOREST HOMEOWNERS ASSOCIATION, INC.																													
Principal Place of Business 14420 NW 151 BLVD ALACHUA, FL 32615			Mailing Address PO BOX 519 ALACHUA, FL 32616																										
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street																											
Suite, Apt. #, etc. Suite #3		Suite, Apt. #, etc. Suite #3																											
City & State Gainesville, Florida		City & State Gainesville, Florida																											
Zip 32607	Country U.S.A.	Zip 32607	Country U.S.A.																										
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALISTS 4400 NW 36TH AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N.C. Florida Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite #3 City Gainesville FL Zip Code 32607																										
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Eugene Hautler, Pres. </div> <div style="width: 20%; text-align: center;"> 3-14-08 <small>DATE</small> </div> </div>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALTER, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15603 NW 32ND AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">ST</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ADU, VICTORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4100 SW 31 DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	ALTER, STEVE		STREET ADDRESS	15603 NW 32ND AVE		CITY-ST-ZIP	NEWBERRY, FL 32669		TITLE	ST	<input checked="" type="checkbox"/> Delete	NAME	ADU, VICTORIA		STREET ADDRESS	4100 SW 31 DRIVE		CITY-ST-ZIP	GAINESVILLE, FL 32606	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <div style="float: right; text-align: right;"> Date _____ Daytime Phone # _____ </div>																													