# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2007 8:00 am**
**Secretary of State**
01-18-2007 90097 034 ****61.25

**DOCUMENT # N95000003954**

1. Entity Name
SANTA CRUZ HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1928 LAKE WORTH ROAD<br>LAKE WORTH, FL 33461 US | 1928 LAKE WORTH ROAD<br>LAKE WORTH, FL 33461 US |

01052007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0627753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CAS MANAGEMENT<br>951 BROKEN SOUND PKWY<br>SUITE 250<br>BOCA RATON, FL 33487 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PORTA, FRANK<br>9890 KAMONA CIRCLE<br>BOYNTON BEACH, FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SMITH, RAY<br>9808 KAMENA CIR<br>BOYNTON BEACH, FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DIECH, STACEY<br>9824 KAMENA CIR<br>BOYNTON BEACH, FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>ELAINE SILVA | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>FRAN KATZ | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ FRANK PORTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66001880

#N95000063954

# Santa Cruz HOA
## Board List
**March 27, 2006**

| Name | Address |
|---|---|
| Frank Porta,<br>**President** | 9890 Kamena Cir.<br>Boynton Beach, FL 33436 |
| Ray Smith<br>**Vice Pres.** | 9808 Kamena Cir.<br>Boynton Beach, FL 33436 |
| Carol L. Gordon,<br>**Secretary** | 9829 Kamena Cir.<br>Boynton Beach, FL 33436 |
| Elaine Silva<br>**Treas.** | 9762 Kamena Cir.<br>Boynton Beach, FL 33436 |
| Stacy Diech<br>**Director** | 9824 Kamena Cir.<br>Boynton Beach, FL 33436 |
| **Fran Katz**<br>Director | 9897 Kamena Cir.<br>Boynton Beach, FL 33436 |