


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT - -**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 050 ****61.25

DOCUMENT # 724396					
1. Entity Name SAN CRISTOBAL ASSOCIATION, INC.					
Principal Place of Business 616 FLAMINGO DRIVE VENICE, FL 34285			Mailing Address 406 GIOVANNI DRIVE NOKOMIS, FL 34275		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAASCH, SANDI 406 GIOVANNI DRIVE NOKOMIS, FL 34275				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ALFRED			NAME	
STREET ADDRESS	616 FLAMINGO DR			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000, 34285			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOCH, JAMES C			NAME	
STREET ADDRESS	1590 86TH AVE NORTH			STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDD, ULRICA			NAME	PRESIDENT SUZANNE RINGER
STREET ADDRESS	5 GULF MANOR DR.			STREET ADDRESS	95 CEDAR STREET
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	WAKEFIELD MA 01880
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRETSINGER, FRANK			NAME	
STREET ADDRESS	616 FLAMINGO DR			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000, 34285			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTS, GLENN			NAME	
STREET ADDRESS	616 FLAMINGO DR			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: <i>Sandi Raasch</i>		SANDI RAASCH, EA		2/6/05 941-484-0968	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	