


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 729315
 1. Entity Name
SANTONA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 6565 SANTONA ST APT B-100 6565 SANTONA ST APT B-100
 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1652713 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCLAFANI, NANCY
 6580 SANTONA ST., A-31
 CORAL GABLES, FL 33146

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

1100000196411
 01/26/05-80068-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, CATALINA 12041 SW 120 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANO, MANUEL 6580 SANTONA STREET APT 35 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, KATIE 6580 SANTONA ST A-38 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, CATHERINE 6580 SANTONA ST A-9 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCLAFANI, NANCY 6580 SANTONA ST A-31 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, IRENE 5770 SW 56 STREET MIAMI, FL 33155

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Nancy Sclafani* **NANCY SCLAFANI** 1/26/05 3056616116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #