

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90029 027 ****61.25

DOCUMENT # 729315							
1. Entity Name SANTONA CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 6565 SANTONA ST APT B-100 CORAL GABLES, FL 33146		Mailing Address 6565 SANTONA ST APT B-100 CORAL GABLES, FL 33146					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-1652713 <input type="checkbox"/> Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCLAFANI, NANCY 6580 SANTONA ST., A-31 CORAL GABLES, FL 33146			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LLANO, MANUEL		NAME				
STREET ADDRESS	6580 SANTONA STREET APT 35		STREET ADDRESS	1120 HORDEE RD			
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	CORAL GABLES, FL 33146			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, CATHERINE		NAME				
STREET ADDRESS	6580 SANTONA ST A-9		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCLAFANI, NANCY		NAME				
STREET ADDRESS	6580 SANTONA ST A-31		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, IRENE		NAME				
STREET ADDRESS	5770 SW 56 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	VP-D MARtha LLANO			
STREET ADDRESS			STREET ADDRESS	1120 HORDEE RD			
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES FL 33146			
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 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: <i>Nancy Sclafani</i>		NANCY SCLAFANI		1/15/08 305 6616116			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			