

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90302 045 ****61.25

DOCUMENT # 758763 1. Entity Name SANTA FE LAKE DWELLERS, ASSOC., INC.					
Principal Place of Business P.O. BOX 1268 MELROSE, FL 32666			Mailing Address P.O. BOX 1268 MELROSE, FL 32666		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2899396	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, WILLIAM C. 21714 NE 115TH AVENUE EARLETON, FL 32631				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D PREVOST, TOM P.O. BOX 82 MELROSE, FL 32666	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, SECRETARY (D/S) MARY THOMSON 2504 SE 30TH ST. MELROSE, FL. 32666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGWELL, KNOX 9817 N.E. C.R. 1489 EARLETON, FL 32631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES PENNINGTON - (DIRECTOR) 3360 SE CR-21B MELROSE, FL. 32666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELATE, HELEN 3624 C.R. 21B KEYSTONE HTS., FL 32656	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK GOLDSTEIN - (DIRECTOR) 1511 NW 930 NW 8TH AVE. GAINESVILLE, FL. 32601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGUIRE, JILL 1812 SW SR 21 MELROSE, FL 32666	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS HOFFMAN - (DIRECTOR) 2400 SE CR-21B MELROSE, FL. 32666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, WILLIAM C 21714 N.E. 115TH AVE. EARLETON, FL 32631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIELEEN WHEELER - (DIRECTOR) 1122 NW 18TH AVE. GAINESVILLE, FL. 32609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FISHER, ERIC T 1516 NW 12TH RD. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			4/7/2006 352/375-0108		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		