

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90009 028 ****61.50

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1. Entity Name

**SANTA MARIA RESORT CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**26380 CHARLOTTE DR
BONITA SPRINGS, FL 34134 US**

Mailing Address

**26380 CHARLOTTE DR
BONITA SPRINGS, FL 34134 US**

40028743



01232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1200662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUEST MANAGEMENT OF SOUTHWEST FLORIDA, INC
26380 CHARLOTTE DR
BONITA SPRINGS, FL 34134**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOERMA, LEONARD
STREET ADDRESS 59280 SHAFER BUS RD
CITY-ST-ZIP THREE RIVERS, MI 49093

TITLE VPD
NAME WILLE, GERRY
STREET ADDRESS 620 GRACE LANE
CITY-ST-ZIP SCHAUMBURG, IL 60193

TITLE ST
NAME CLOS, DENNIS
STREET ADDRESS 39318 CLOSHIRE
CITY-ST-ZIP WESTLAND, MI 48186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #