

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90057 035 \*\*\*\*61.25

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02072007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 759593</b> 1. Entity Name SANTA CRUZ ASSOCIATION, INC.					
Principal Place of Business 713 SANTA CRUZ LANE HOWEY IN THE HILLS, FL 34737			Mailing Address SANTA CRUZ ASSOCIATION 713 SANTA CRUZ LANE HOWEY IN THE HILLS, FL 34737		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2481342	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEGERS, MATTY MR 713 SANTA CRUZ LANE HOWEY-IN-THE HILLS, FL 34737				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 <u>Matty Fegers</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-2-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
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	FEGERS, MATTY MR		NAME		
STREET ADDRESS	713 SANTA CRUZ LANE		STREET ADDRESS		
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, RON		NAME		
STREET ADDRESS	704 SANTA CRUZ LN		STREET ADDRESS		
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NASH, JIM		NAME		
STREET ADDRESS	15128 HOLLYHOCK COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLAND PARK, IL 60462		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		
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		
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.					
<b>SIGNATURE:</b> <u>Matty Fegers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-2-07</u> Daytime Phone # <u>352-324-4046</u>		