2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08789

FILED Apr 21, 2009 Secretary of State

Entity Name: SANTA FE OASIS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 1 BRANFOR	1512 D, FL 32008	US	1450 NW 127TH LN BRANFORD, FL 3200	8 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 1 BRANFOR	1512 D, FL 32008	US			
FEI Number: 59-2312807 FEI N		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	f New Registered Agent:	
QUINA, CATHRYN 510 NE 105TH ST BRANFORD, FL 32008 US		US	MORGAN, TERESA 4139-C APPALOOSA F MIDDLEBURG, FL 320		
	named entity su of Florida.	ubmits this statement for the pur	pose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: TERESA I	MORGAN		04/21/2009	
	Electronic	Signature of Registered Agent	:	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	D () [STRICKLAND, JU 5730 YOUNIS RI JACKSONVILLE,	os	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D ()E POTTS, JOHN 12580 NE 2ND V BRANFORD, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	P ()[POITEVINT, EDG 1450 NW 127TH BRANFORD, FL	LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	P () [QUINA, STEVE 510 NE 105TH S' BRANFORD, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	D ()[MOORE, RICHAF 1394 ROBIN KEY TALLAHASSEE,	/ RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY STRICKLAND D 04/21/2009