FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90274 015 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008859

1. Entity Name
SANTA FE FOREST HOMEOWNERS ASSOCIATION, INC.

40086736

Principal Place of Business	Mailing Address
14420 NW 151 BLVD ALACHUA, FL 32615	PO BOX 519 ALACHUA, FL 32616

04272006 Chg-NP CR2E037 (11/05)

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
02-0553613
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMPKINS, DARRYL J 14420 NW 151 BLVD ALACHUA, FL 32615	Name: Management Specialists Street Address (P.O. Box Number is Not Acceptable): 4430 NW 36th Ave City: Gainesville FL Zip Code: 32606

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: Pat Tompkins 4-28-06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD TOMPKINS, DARRYL J 14420 NW 151 BLVD ALACHUA, FL 32615	☐ Delete	P Alter, Steve 13603 NW 32nd Ave Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD SHAW, JAMES W 14420 NW 151 BLVD ALACHUA, FL 32615	☐ Delete	S+T Adu, Victoria 4100 SW 31 Drive Gainesville FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMPKINS, CINDY P 14706 MAIN ST ALACHUA, FL 32615	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, ANNETTE T 13505 NW 88TH PL ALACHUA, FL 32615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Steve 27 Apr 06 352-472-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #