2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01000008859

Entity Name: SANTA FE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0553613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOL. OF N.C. FL
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROHLMAN, ADAM
Address: 18981 NW 76TH AVE.
City-St-Zip: ALACHUA, FL 32615

Title: P ( ) Delete
Name: MCINTOSH, TOMMY
Address: 18773 NW 72ND AVE
City-St-Zip: ALACHUA, FL 32616

Title: T ( ) Delete
Name: OVERBEY, GAYLON
Address: 7257 NW 187TH TERRACE
City-St-Zip: ALACHUA, FL 32616

Title: D ( ) Delete
Name: EDWARDS, KERRY
Address: 18912 NW 76TH AVE.
City-St-Zip: ALACHUA, FL 32616

Title: D ( ) Delete
Name: RICE, BOB
Address: 19021 NW 76TH AVE
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ROHLMAN, ADAM
Address: 18981 NW 76TH AVE.
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ELY, SHERYL
Address: 19103 NW 72ND AVE
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BULLEN, DARYL
Address: 18940 NW 72ND AVE
City-St-Zip: ALACHUA, FL 32616

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY MCINTOSH P 04/28/2009

Electronic Signature of Signing Officer or Director — Date