2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000932

FILED Jan 24, 2008 Secretary of State

Entity Name: STAGECOACH RANCH ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	/EETGRASS C CITY, FL 34436	T. US		JICKSILVER CT. CITY, FL 34436 US
Current Mailing Address:		New Maili	New Mailing Address:	
	MERCIAL WAY ILL, FL 34606	US		MERCIAL WAY IILL, FL 34606
El Number:	02-0600163	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	Address of Co	ırrent Registered Agent:	Name and	Address of New Registered Agent:
1436 COM	N & COMPANY MERCIAL WAY ILL, FL 34606			
	named entity s of Florida.	ubmits this statement for the pu	irpose of changing	its registered office or registered agent, or both,
BIGNATUR				
SIGNATUF		c Signature of Registered Ager	nt	Date
SIGNATUF				Date IS/CHANGES TO OFFICERS AND DIRECTOR
	Electroni	ORS: Delete BRASS CT.		D (X) Change () Addition PALMER, AMANDA 4320 EDENROCK PL
OFFICERS Title: Name: Address:	Electroni S AND DIRECT D () I BISHOP, JOHN 5688 E SWEETC FLORAL CITY, F	ORS: Delete GRASS CT. L 34436 Delete RY REEK TR.	ADDITION Title: Name: Address:	D (X) Change () Addition PALMER, AMANDA 4320 EDENROCK PL
DFFICERS Title: dame: Address: City-St-Zip: Title: Jame: Address:	Electroni S AND DIRECT D ()I BISHOP, JOHN 5688 E SWEETC FLORAL CITY, F D ()I DURRETT, HARRI 7856 SADDLE C SARASOTA, FL	ORS: Delete GRASS CT. L 34436 Delete RY REEK TR. 34241 Delete DAH RUN	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition PALMER, AMANDA 4320 EDENROCK PL SPRING HILL, FL 34609
DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name: Name: Name: Name: Name:	Electroni S AND DIRECT D () I BISHOP, JOHN 5688 E SWEETC FLORAL CITY, F D () I DURRETT, HARR 7856 SADDLE C SARASOTA, FL D () I POPE, WILLIAM 8311 SHENAND WESLEY CHAPE	ORS: Delete GRASS CT. L 34436 Delete RY REEK TR. 34241 Delete DAH RUN	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D (X) Change () Addition PALMER, AMANDA 4320 EDENROCK PL SPRING HILL, FL 34609 () Change () Addition D (X) Change () Addition IOVANNISCI, JOANNE 5802 E QUICKSILVER CT.

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: AMANDA PALMER D 01/24/2008