

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2004
Secretary of State**

DOCUMENT# N03000001563

Entity Name: SANTA FE AT STAGECOACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9950 PRINCESS PALM AVE STE 102
TAMPA, FL 33619

New Principal Place of Business:

PO BOX 2157
OLDSMAR, FL 34677

Current Mailing Address:

9950 PRINCESS PALM AVE STE 102
TAMPA, FL 33619

New Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

FEI Number: 56-2327909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HANSON, JACK
3974 TAMPA RD.
SUITE B
OLDSMAR, FL 34677 US

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: JACK HANSON

03/31/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DISPENZA, SCOTT
Address: 9950 PRINCESS PALM AVE STE 102
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: FEZZEY, CAROL R
Address: 9950 PRINCESS PALM AVE STE 102
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: FRANKEL, SHERYL
Address: 9950 PRINCESS PALM AVE STE 102
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT DISPENZA

D

03/31/2004

Electronic Signature of Signing Officer or Director

Date