2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001563

FILED Apr 06, 2005 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 2 OLDSMAF	:157 R, FL 34677				
Current Mailing Address:		New Mailing Address:			
PO BOX 2 OLDSMAF	:157 R, 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:		Name and Address of	Name and Address of New Registered Agent:		
HANSON,					
The above	PA RD. R, FL 34677 I		purpose of changing its registere	ed office or registered agent, or both,	
SUITE B OLDSMAF The above	PA RD. R, FL 34677 Use named entity e of Florida. RE:	submits this statement for the			
SUITE B OLDSMAF The above in the Stat	PA RD. R, FL 34677 Use named entity e of Florida. RE:	submits this statement for the	ent	od office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR	
SUITE B OLDSMAF The above in the Stat	PA RD. R, FL 34677 Le named entity e of Florida. RE: Electro S AND DIRECTOR D (DISPENZA, SC	submits this statement for the nic Signature of Registered Accordance TORS:) Delete COTT SS PALM AVE STE 102	ent	Date	
SUITE B OLDSMAF The above in the State SIGNATU OFFICER Title: Name: Address:	PA RD. R, FL 34677 Use named entity of Florida. RE: Electro S AND DIRECT D (DISPENZA, SC 9950 PRINCE TAMPA, FL 3: D (FEZZEY, CAR	submits this statement for the nic Signature of Registered Against Signature of Registered Aga	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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 04/06/2005