


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90007 028 \*\*\*\*61.25

**DOCUMENT # N03000001563**

1. Entity Name  
**SANTA FE AT STAGECOACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3527 PALM HARBOR BLVD  
 PALM HARBOR, FL 34683**

Mailing Address  
**PO BOX 1418  
 PALM HARBOR, FL 34682**

2. Principal Place of Business  
**720 Brooker Creek Blvd. #206  
 Oldsmar, FL 34677**

City & State  
 \_\_\_\_\_

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

40048723



03262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2327909**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANSON, JACK  
 MELROSE MANAGEMENT GROUP  
 3527 PALM HARBOR BLVD  
 PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name  
**Scannavino, Inc.**

Street  
**720 Brooker Creek Blvd. #206**

City  
**Oldsmar, FL 34677**

Zip Code  
 \_\_\_\_\_

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]*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, QUIETA H 3414 BROKERN BOW DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUSLANSKY, NATHAN 3334 SANTA RITA LANE LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRVIN, LAYNE 3421 RED ROCK DR LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENHOUSE, JILL 3338 SANTA RITA LANE LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **3/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT  
40048723

#1703000001563

SANTA FE AT STAGECOACH HOMEOWNERS ASSOCIATION, INC.

**PD**

**Mueller, Kalah  
3426 Santa Rita Lane  
Land O' Lakes, FL 34639**

**VD**

**Boyd, Jack  
3343 Red Rock Drive  
Land O' Lakes, FL 34639**

**TD**

**Curley, Patricia  
3408 Red Rock Drive  
Land O' Lakes, FL 34639**

**SD**

**Lynch, Bridget  
3330 Broken Bow Drive  
Land O' Lakes, FL 34639**

**D**

**Reddick, Quieta Hunte  
3414 Broken Bow Drive  
Land O' Lakes, FL 34639**

**D**

**Greene, Gary  
3342 Santa Rita lane  
Land O' Lakes, FL 34639**