

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**

40048723



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

03262007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc

4. FEI Number
56-2327909

Applied For
Not Applicable

City & State

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Scannavino, Inc.
Street
720 Brooker Creek Blvd. #206
City
Oldsmar, FL 34677
p 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REDDICK, QUIETA H
3414 BROKERN BOW DR
LAND O'LAKES, FL 34639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KUSLANSKY, NATHAN
3334 SANTA RITA LANE
LAND O'LAKES, FL 34639** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GIRVIN, LAYNE
3421 RED ROCK DR
LAND O'LAKES, FL 34639** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROSENHOUSE, JILL
3338 SANTA RITA LANE
LAND O'LAKES, FL 34639** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/07

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**