

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001563

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

720 BROOKER CREEK BLVD
#206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD
#206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 56-2327909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REDDICK, QUIETA H
Address: 3414 BROKERN BOW DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACKSON, LYNN
Address: 3446 SANTA RITA LANE
City-St-Zip: LAND O'LAKES, FL 34639

Title: VD () Change (X) Addition
Name: BARTHEL, MICHAEL
Address: 3447 RED ROCK DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: SD () Change (X) Addition
Name: BUSH, BONNIE
Address: 3424 SANTA RITA LANE
City-St-Zip: LAND O'LAKES, FL 34639

Title: TD () Change (X) Addition
Name: BOYD, JACK
Address: 720 BROOKER CREEK BLVD. #206
City-St-Zip: OLDSMAR, FL 34677

Title: D () Change (X) Addition
Name: CURLEY, PAT
Address: 3408 RED ROCK DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

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: LYNN JACKSON

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date