


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 029 ****61.25

DOCUMENT # N03000008159 1. Entity Name HILLS OF SANTA FE, PHASE III, HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4141 NW 37TH PLACE GAINESVILLE, FL 32606			Mailing Address 1731 NW 6 ST GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 1731 NW 6TH STREET		3. Mailing Address PO BOX 14506			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 57-1167761	
Zip 32609		Country ALACHUA		Zip 32604	
Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAUFLER, EUGENE ED BAUER MGT 1731 NW 6TH STREET GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A City GAINESVILLE FL Zip Code 32609	
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 <u><i>[Signature]</i></u> DATE <u>4-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST MCINTOSH, THOMAS P JR 4141 NW 37TH PLACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, THOMAS P JR 4141 NW 37TH PLACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>SCHIRMER</i> FRED SCHIRMER 10526 NW 25TH LANE GAINESVILLE FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANET GREEN 10505 NW 25TH LANE GAINESVILLE FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAD A. BAUER 2606 NW 106TH WAY GAINESVILLE FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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: <u><i>[Signature]</i></u>			FRED SCHIRMER 4-27-07 (352) 331-6688		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		