

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90015 013 \*\*\*\*61.25

<b>DOCUMENT # N03000008159</b> 1. Entity Name HILLS OF SANTA FE, PHASE III, HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609				Mailing Address PO BOX 14506 GAINESVILLE, FL 32604	
2. Principal Place of Business - No P.O. Box # 4300 SW 23 AVE		3. Mailing Address 4300 SW 23 AVE			
Suite, Apt. #, etc. 149		Suite, Apt. #, etc. 149		02112008    Chg-NP    CR2E037 (12/06)	
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 57-1167761	
Zip 32606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTON BAUR/ED BAUR MGMT. INC DBA FLORIDA COMMUNITY MGMT. 1731 NW 6TH STREET, SUITE A GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name: Fred Schirmer Street Address (P.O. Box Number is Not Acceptable): 10526 NW 25 LANE City: Gainesville, FL    Zip Code: 32606	
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:     FRED SCHIRMER    2-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIRNER, FRED 10526 NW 25TH LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRED SCHIRMER 10526 NW 25 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, JANET 10505 NW 25TH LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	JANET GREENE 10505 NW 25 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, BRAD A 2606 NW 106TH WAY GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RON DALTON 2608 NW 106 WAY GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	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	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:			2-11-08    (352)331-6688		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		