

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 037 ****61.25

DOCUMENT # N05000004568					
1. Entity Name SANTA FE STATION HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653		
2. Principal Place of Business - No P.O. Box # 901 NW 8th Avenue		3. Mailing Address 901 NW 8th Avenue		03282007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Suite A-6		Suite, Apt. #, etc. Suite A-6		4. FEI Number 55-0823637	
City & State Gainesville FL		City & State Gainesville FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32601	Country Alachua	Zip 32601	Country Alachua	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSEY, GLENDA C/OBOSSHARDT PROPERTY MGT INC 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Wilson, Sally Ann Street Address (P.O. Box Number is Not Acceptable) c/o Sun Lu Properties, Inc. 901 NW 8th Avenue, Suite A-6 City Gainesville FL Zip Code 32601		
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				DATE 3-30-07	
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-STATE-ZIP	PD WISE, JONI L 14755 NW 150 PLACE ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SPIERS, THOMAS 14742 NW 150 LANE ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T/SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD HODGES, BENNY 14656 NW 150 LANE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/D Essoe, Csaba 14678 NW 150th Place Alachua, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD FORRESTER, PHILLIP 14739 NW 150 LANE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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:				DATE: 3-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					