## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004568

FILED Mar 24, 2009 Secretary of State

Entity Name: SANTA FE STATION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

901 NW 18TH AVENUE 13709 PROGRESS BLVD SUITE A-6 ALACHUA, FL 32615

GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

901 NW 18TH AVENUE 13709 PROGRESS BLVD SUITE A-6 BOX 35 GAINESVILLE, FL 32601 ALACHUA, FL 32615

FEI Number: 55-0823637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURGESS, SANDY
BURGESS MGT. SERVICES LLC
13709 PROGRESS BLVD. #36
ALACHUA, FL 32615 US

BURGESS, SANDY
BURGESS, SANDY
BURGESS MGT. SERVICES LLC
13709 PROGRESS BLVD. #35
ALACHUA, FL 32615 US

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:

03/24/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 DT
 (X) Change ( ) Addition

 Name:
 WISE, JONI L
 Name:
 AARNOUDSE, JACOBA

Address: 14755 NW 150 PLACE Address: 15078 NW 147TH DR
City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

Title: TSD ( ) Delete Title: PD (X) Change ( ) Addition Name: SPIERS, THOMAS Name: SPIERS, THOMAS

 Name:
 SPIERS, INDIVIAS

 Address:
 14742 NW 150 LANE

 City-St-Zip:
 ALACHUA, FL 32615

 Name:
 SPIERS, INDIVIAS

 Address:
 14742 NW 150 LANE

 City-St-Zip:
 ALACHUA, FL 32615

 Name:
 ESSOE, CSABA
 Name:
 BURNS, MERIDETH

 Address:
 14678 NW 150TH PLACE
 Address:
 14659 NW 150TH PLACE

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 ALACHUA, FL 32615

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: THOMAS SPIERS DP 03/24/2009