

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005191

1. Entity Name
SANTEEETLAH VILLAS POA, INC.



Principal Place of Business
931 W. MAXIMILIAN PLACE
CITRUS SPRINGS, FL 34434

Mailing Address
931 W. MAXIMILIAN PLACE
CITRUS SPRINGS, FL 34434



03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0871058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

POST, WILLIAM A ESQ.
20702 W PENNSYLVANIA AVE
DUNNELLO, FL 34431

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FAGAN, LINDA
STREET ADDRESS 10765 N WISE OWL POINT
CITY-ST-ZIP DUNNELLO, FL 34434

TITLE D
NAME FAGAN, KERRY
STREET ADDRESS 10435 N BIG BASS TRAIL
CITY-ST-ZIP DUNNELLO, FL 34434

TITLE D
NAME FAGAN, KEVIN
STREET ADDRESS 11441 CAMP DRIVE
CITY-ST-ZIP DUNNELLO, FL 34431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000866570
04/08/08-80034-017-61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

Daytime Phone #