
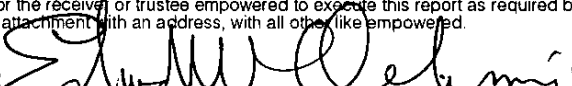


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90232 026 \*\*\*\*61.25

<b>DOCUMENT # N07120</b> 1. Entity Name <b>LOT 26 HILLS OF SANTE FE II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12329 N.W. 46TH AVENUE GAINESVILLE FL 32606</b>			Mailing Address <b>12329 N.W. 46TH AVENUE GAINESVILLE FL 32606</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2646143</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OEHMIG, LEAH G. 12329 N.W 46TH AVENUE GAINESVILLE FL 32606</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEHMIG, LEAH G.		NAME	DONNA GRINSTEAD	
STREET ADDRESS	12329 NW 46 AVE.		STREET ADDRESS	2720-B NW 104 CT	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	STP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEHMIG, EDWARD JR		NAME	OEHMIG, EDWARD	
STREET ADDRESS	4411 NW 18TH PLACE		STREET ADDRESS	9411 N.W. 18th PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDES, ARTHUR		NAME	BIDES, ARTHUR	
STREET ADDRESS	2720-A NW 104 CT		STREET ADDRESS	2720-A NW 104 CT.	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #