## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # N07120 1. Entity Name 02-17-2006 90072 029 \*\*\*\*61.25 LOT 26 HILLS OF SANTE FE II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12328 N.W 46TH AVENUE GAMESVILLE FL 32606 12329 N.W. 46TH AVENUE GAINESVILLEFL 82606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2646143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OEHMG, LEAH G. 12329 N.W 46TH AVENUE GAINESVILLE FL 32606 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. SIGNATURE FOWARD W FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change \*Addition GRINSTEAD, DONNA NAME NAME VALERIE SAMUELS 2720-B NW 109TH COURT STREET ADDRESS STREET ADDRESS 2720 -B 104 COUPT GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP STP THE F ☐ Delete TITLE ☐ Change ☐ Addition OEHMIG, EDWARD NAME NAME 4411 NW 18TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete ☐ Change ☐ Addition BIDES, ARTHUR NAME NAME STREET ADDRESS 2720-A NW 104 CT STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED