## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15264

FILED Apr 18, 2006 Secretary of State

Entity Name: SANTANDER HOMEOWNERS' ASSOCIATION, INC.

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

PO BOX 5863

NAVARRE, FL 32566 US

Current Mailing Address: New Mailing Address:

PO BOX 5863

NAVARRE, FL 32566 US

FEI Number: 59-3047819 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:

FORDYCE, SHARA
2140 CALLE DE CASTELAR
NAVARRE, FL 32566 US

KING, KEITH J
2145 CALLE DE CASTELAR
NAVARRE, FL 32566 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.

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

SIGNATURE: KEITH J KING

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/18/2006

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

 Name:
 FORDYCE, SHARA
 Name:
 KING, KEITH

 Address:
 2140 CALLE DE CASTELAR
 Address:
 2145 CALLE DE CASTELAR

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: KING, TAMMY Name: HASKIN, BRIAN

Address: 2145 CALLE DE CASTELAR Address: 2204 CALLE DE PIZZARO City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: () Delete Title: (X) Change ( ) Addition PAULINO, FELIX M ARROWSMITH, STEPHEN M Name: Name: 2216 CALLE DE PIZZARO 2216 CALLE DE MARBELLA Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 JAMES, JANET
 Name:
 BARTLEY, JEFF

 Address:
 2141 CALLE DE CASTELAR
 Address:
 10009 VIA GRANDE

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN M. ARROWSMITH TD 04/18/2006