

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15264

FILED
Apr 11, 2007
Secretary of State

Entity Name: SANTANDER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5863
NAVARRE, FL 32566 US

New Principal Place of Business:

2145 CALLE DE CASTELAR
NAVARRE, FL 32566 US

Current Mailing Address:

PO BOX 5863
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3047819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, KEITH
Address: 2145 CALLE DE CASTELAR
City-St-Zip: NAVARRE, FL 32566

Title: VD () Delete
Name: HASKIN, BRIAN
Address: 2204 CALLE DE PIZZARO
City-St-Zip: NAVARRE, FL 32566

Title: TD () Delete
Name: ARROWSMITH, STEPHEN M
Address: 2216 CALLE DE MARBELLA
City-St-Zip: NAVARRE, FL 32566

Title: SD () Delete
Name: BARTLEY, JEFF
Address: 10009 VIA GRANDE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 ARROWSMITH

TD

04/11/2007

Electronic Signature of Signing Officer or Director

Date