

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15264

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** SANTANDER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2145 CALLE DE CASTELAR  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

10024 VIA GRANDE  
NAVARRE, FL 32566 US

**Current Mailing Address:**

PO BOX 5863  
NAVARRE, FL 32566 US

**New Mailing Address:**

10024 VIA GRANDE  
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:**

ARROWSMITH, STEPHEN  
2216 CALLE DE MARBELLA  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

HARRIS, NEIL  
2225 CALLE DE PIZZARO  
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.

SIGNATURE: NEIL HARRIS

02/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TEEPLE, JAMES R  
Address: 10024 VIA GRANDE  
City-St-Zip: NAVARRE, FL 32566

Title: VD ( ) Delete  
Name: WARDENCKI, ANDREW H  
Address: 2220 CALLE DE MARBELLA  
City-St-Zip: NAVARRE, FL 32566

Title: TD ( ) Delete  
Name: HARRIS, NEIL J  
Address: 2225 CALLE DE PIZZARO  
City-St-Zip: NAVARRE, FL 32566

Title: SD ( ) Delete  
Name: WALDMANN, MICHAEL C  
Address: 10049 VIA GRANDE  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: TEEPLE, GLORIA W  
Address: 10024 VIA GRANDE  
City-St-Zip: NAVARRE, FL 32566

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 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: NEIL HARRIS

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date