


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90247 025 \*\*\*\*61.25

<b>DOCUMENT # N15279</b>	
1. Entity Name <b>SANTANDER LAKE HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>2196 CALLE DE CASTELAR NAVARRE, FL 32566 US</b>	Mailing Address <b>2196 CALLE DE CASTELAR NAVARRE, FL 32566 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2200 Calle de Castelar</b>	3. Mailing Address <b>2200 Calle de Castelar</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Navarre FL</b>	City & State <b>Navarre FL</b>
Zip <b>32566</b>	Country <b>USA</b>

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3080052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WORAM, VICKI M 2196 CALLE DE CASTELAR NAVARRE, FL 32566</b>
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7. Name and Address of New Registered Agent	
Name <b>Shirlee Carter</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2200 Calle de Castelar</b>	
City <b>Navarre</b>	Zip Code <b>FL 32566</b>

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 *Shirlee Carter* DATE 1/4/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORAM, BRYON 2196 CALLE DE CASTELAR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William J. Brown 2208 Calle de Castelar Navarre FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IACOBELLA, LARRY 2148 CALLE DE CASTELAR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD William L. Johnson 2148 Calle de Castelar Navarre FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORAM, VICKI 2196 CALLE DE CASTELAR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Shirlee L. Carter 2200 Calle de Castelar Navarre FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Shirlee L. Carter* Shirlee L. Carter DATE 1/4/2007 DAYTIME PHONE # 850-939-8130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR