

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003106

FILED
Mar 27, 2009
Secretary of State

Entity Name: SAN FELASCO FARMS OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

12624 NW 93RD PLACE
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

12624 NW 93RD PLACE
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOCEK, DONNA M
12624 NW 93RD PLACE
ALACHUA, FL 32615 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: RYAN, JERRY
Address: 12704 NW 109TH LANE
City-St-Zip: ALACHUA, FL 32615

Title: VD () Delete
Name: BUCHANAN, GARY
Address: 12603 NW 93RD PLACE
City-St-Zip: ALACHUA, FL 32615

Title: STD () Delete
Name: GOCEK, DONNA
Address: 12624 NW 93RD LANE
City-St-Zip: ALACHUA, FL 32615

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:

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: DONNA M GOCEK

SEC

03/27/2009

Electronic Signature of Signing Officer or Director

Date