

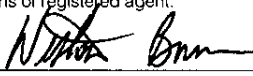
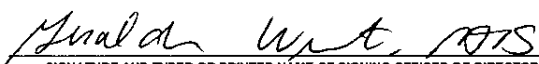


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90063 011 \*\*\*\*61.25

<b>DOCUMENT # N97000005893</b> 1. Entity Name <b>SAN FELASCO ESTATES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>3341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608</b>			Mailing Address <b>P.O. BOX 14121 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business - No P.O. Box # <b>1731 NW 6TH STREET</b>		3. Mailing Address <b>PO BOX 14506</b>			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc.			
City & State <b>GAINESVILLE FL</b>		City & State <b>GAINESVILLE FL</b>			
Zip <b>32609</b>		Country <b>ALACHUA</b>		4. FEI Number <b>59-3531584</b>	
Zip <b>32609</b>		Country <b>ALACHUA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MEDINA, JOSE E JR 9116 SW 517 RD GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent Name <b>WESTON BAUR/ED BAUR MANAGEMENT INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>DBA FLORIDA COMMUNITY MANAGEMENT</b> <b>1731 NW 6TH STREET SUITE A</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32609</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  <span style="float: right;">3-8-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, STEVEN <input checked="" type="checkbox"/> Delete 8205 NW 62ND LN GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCAS, JUDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6505 NW 81ST BLVD. GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESS, HERBERT <input checked="" type="checkbox"/> Delete 6721 NW 81 ST BLVD GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALI, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6417 NW 81ST BLVD. GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, GERALDINE <input type="checkbox"/> Delete 6323 NW 81ST BLVD GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, FAYE <input type="checkbox"/> Delete 6206 NW 81ST DR GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERO, CHARLES <input type="checkbox"/> Delete 6804 NW 81ST BLVD GAINESVILLE, FL 32653		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.					
<b>SIGNATURE:</b> 			<b>4/25/07</b> <b>226-1963</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					