

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90645 015 ****70.00

DOCUMENT # N97000006238

1. Entity Name
SANTA FE BEND OWNERS ASSOCIATION, INC.



Principal Place of Business
**255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054**

Mailing Address
**PO BOX 233
LAKE BUTLER, FL 32054**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3516326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLES, LINDA C
6798 CRYSTAL LAKE RD
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, AVERY C POST OFFICE BOX 233 LAKE BUTLER, FL 32054
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLES, LINDA C 6798 CRYSTAL LAKE ROAD KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, DENISE C 22209 NW 188TH STREET HIGH SPRINGS, FL 32643
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-704 386-496-3509