
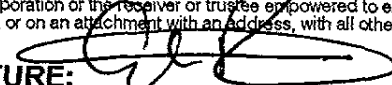


**• 2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000006238</b> 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	
<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>		
6. Name and Address of Current Registered Agent  BOLES, LINDA C 6798 CRYSTAL LAKE RD KEYSTONE HEIGHTS, FL 32656		
<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>		
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 _____ <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, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, AVERY C POST OFFICE BOX 233 LAKE BUTLER, FL 32054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLES, LINDA C 6798 CRYSTAL LAKE ROAD KEYSTONE HEIGHTS, FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DENISE C 22209 NW 188TH STREET HIGH SPRINGS, FL 32643	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-06 386.496.3509 <small>Date Daytime Phone #</small>



01122006 No Chg-NP CR2E037 (11/05)

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

U00000549368  
05/13/06-80018-006 70.00