## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P02000029063**

1. Entity Name

SANTA FE POINTE OF GAINESVILLE, INC.



**FILED** Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

20725 SW 46TH AVENUE NEWBERRY, FL 32669

Mailing Address

20725 SW 46TH AVENUE NEWBERRY, FL 32669



## DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0549549 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(352) 472-7773

Daytime Phone #

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DAVIS, STEFAN M **20725 SW 46TH AVENUE** NEWBERRY, FL 32669

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligati	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Flor	rida. I am familiar v	with, and accept
SIGNATURE Signature: typed or printed name of registered agont and title if applicable (NOTE Registered Agont signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing	<b>\$5.00</b> May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	[				
NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, STEFAN M 20725 SW 46TH AVENUE NEWBERRY, FL 32669				Haanaa	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/22/08-8	30029-006 30029-006	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE	
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 607, 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.							

Stefan M. Davis

January 31, 2008