

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000050564

1. Entity Name
SANTA MARIA DEVELOPERS, INC.



Principal Place of Business

**2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109**

Mailing Address

**2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0731810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SKRIVAN, KENT A
801 LAUREL OAK DRIVE #705
NAPLES, FL 34108**

**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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUSUMANO, PATSY
STREET ADDRESS	2100 TRADE CENTER WAY #D
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DVST
NAME	MUSUMANO, DONNA
STREET ADDRESS	2100 TRADE CENTER WAY #D
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DV
NAME	MUSUMANO, JEFF
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DV
NAME	MUSUMANO, GREG
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DV
NAME	RADCLIFFE, PAUL
STREET ADDRESS	2100 TRADE CENTER WAY STE D
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATSY MUSUMANO

Date

4/24/07

Daytime Phone #