

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001563

**FILED**  
**Mar 12, 2020**  
**Secretary of State**  
**0372146881CC**

**Entity Name:** SANTA FE AT STAGECOACH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677

**Current Mailing Address:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677

**FEI Number: 56-2327909**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CLIFFORD, CONNIE  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title VPD  
Name COOEY, WILEY  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title TD  
Name MOREIGLIO, INGRID  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title SD  
Name PEREZ, BRANDI  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name ROSADO, ANA  
Address 720 BROOKER CREEK BLVD  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CONNIE CLIFFORD**

**PRESIDENT**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date