



**Secretary of State**  
**Statement of Information**  
 (California Nonprofit, Credit Union and  
 General Cooperative Corporations)

**SI-100**

**IMPORTANT** — Read instructions **before completing this form.**

**Filing Fee – \$20.00;**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00 plus copy fees

**1. Corporation Name** (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

COMITE AMIGOS DE SANTA ELENA

This Space For Office Use Only

**2. 7-Digit Secretary of State File Number**

**C1859641**

**3. Business Addresses**

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box 1415 SOUTH VAN NESS AVENUE APT # 2	City (no abbreviations) SAN FRANCISCO	State CA	Zip Code 94110
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

**4. Officers**

The Corporation is required to enter the names and addresses of **all three** of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

<b>a. Chief Executive Officer/</b>	First Name JOSE	Middle Name AMADEO	Last Name MARTINEZ	Suffix
Address	1415 SOUTH VAN NESS AVENUE APT # 2		City (no abbreviations) SAN FRANCISCO	State CA Zip Code 94110
<b>b. Secretary</b>	First Name NACERES	Middle Name JOSE	Last Name ARTIGA	Suffix
Address	315 CASTRO STREET		City (no abbreviations) SAN FRANCISCO	State CA Zip Code 94114
<b>c. Chief Financial Officer/</b>	First Name MARTIN	Middle Name EDUARDO	Last Name MARTINEZ	Suffix SR
Address	1409 SOUTH VAN NESS AVENUE APT # 3		City (no abbreviations) SAN FRANCISCO	State CA Zip Code 94110

**5. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation) MARTIN	Middle Name EDUARDO	Last Name MARTINEZ	Suffix SR
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1409 SOUTH VAN NESS AVENUE APT # 3	City (no abbreviations) SAN FRANCISCO	State CA	Zip Code 94110

**CORPORATION** – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b
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**6. Common Interest Developments**

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

**7. The information contained herein, including in any attachments, is true and correct.**

04/17/2018

MARTIN EDUARDO MARTINEZ

TREASURER

Date

Type or Print Name of Person Completing the Form

Title

Signature