## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED** May 27, 2008 8:00 am Secretary of State

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05-27-2008 90041 029 \*\*\*\*61.25 DOCUMENT # 718094 1. Entity Name SPANISH TRACE VILLAGE, INC. 46,002. Principal Place of Business Mailing Address 1727 MINUTEMEN CAUSEWAY 1727 MINUTEMEN CAUSEWAY COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1446311 City & State City & State Applied For Not Applicable Zip Country Zio. Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIGERMAN, MARILYN A Street Address (P.O. Box Number is Not Acceptable) 200 NORTH FIRST ST. COCOA BEACH, FL 32931 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. PD<sub>E</sub>. TITLE ☐ Detete TITLE ☐ Change ☐ Addition ARNOULT, PATRICK NAME NAME 1727 MINUTEMEN CSWY #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP SD Delete TITLE Change ☐ Addition TITLE MORICHELLI, IRMA NAME NAME STREET ADDRESS 1725 MINUTEMEN CSWY STREET ADDRESS CITY-ST-7IP COCOA BEACH, FL 32935 CITY-ST-ZIP ☐ Change 7ITLE TITLE Addition Delete Richard Monuhay NAME SCHMIDT, LINDA NAME STREET ADDRESS 1725 MINUTEMAN CSWY STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP 326 > VPD □ Delete TITLE Change ☐ Addition TITLE BROWN, WILLIAM NAME NAME STREET ADDRESS 1729 MINOTEMEN CSWY STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP 30 TITLE Change ... D ☐ Delete ☐ Addition TITLE GEISLER, JO ANN NAME NAME STREET ADDRESS STREET ADDRESS 1721 MNUTEMEN CSWY CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 an officer or director.

Jo Ann Geisler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO