


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **741326** (3)  
1. Corporation Name  
**SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>8200 S. U.S. 1<br/>SPANISH LAKES<br/>PORT ST. LUCIE FL 34952<br/>US</b> | Mailing Address<br><b>8 SAN JUAN LANE<br/>PORT ST. LUCIE FL 34952-8516<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/11/1978</b> | 3a. Date of Last Report<br><b>03/30/1996</b> |
|--|--|

|  |   |  |  |
|--|---|--|--|
| 2. Principal Place of Business<br><b>21 8 SAN JUAN LANE</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 8 SAN JUAN LANE</b><br>Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1805294</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>22</b><br>City & State  | <b>27</b><br>City & State   | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>23</b><br>Zip   | <b>28</b><br>Country  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>24</b><br>Zip   | <b>25</b><br>Country  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**DEMATTEO, FRANCES  
8 SAN JUAN LANE  
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

|   |                                |
|---|--------------------------------|
| 81 Name<br><b>FRAN DEMATTEO</b>   | 85 Zip Code<br><b>FL 34952</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>8 SAN JUAN LANE</b> |                                |
| 83 City<br><b>PORT ST. LUCIE, FL</b>  |                                |
| 84 City<br><b>FL</b>  |                                |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **FRAN DEMATTEO**  
Signature, typed or printed name of registered agent and title if applicable.

**Frances Dematteo**  
(NOTE: Registered Agent signature required when reappointing)

**4-9-97**  
DATE

12. OFFICERS AND DIRECTORS

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| TITLE<br><b>PD</b>                                     | NAME<br><b>PETRELLA, LOUIS</b>   | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>15 SAN JUAN LANE</b>              |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST LUCIE FL</b>                 |                                  |                                 |
| TITLE<br><b>VPD</b>                                    | NAME<br><b>DEMATTEO, FRAN</b>    | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>8 SAN JUAN LANE</b>               |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST LUCIE FL</b>                 |                                  |                                 |
| TITLE<br><b>SD</b>                                     | NAME<br><b>WILKIN, MARY</b>      | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>17 DEL PRADO</b>                  |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST LUCIE FL</b>                 |                                  |                                 |
| TITLE<br><b>TD</b>                                     | NAME<br><b>CONNORS, MARJORIE</b> | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>42 SILVER OAK DRIVE</b>           |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST. LUCIE FL</b>                |                                  |                                 |
| TITLE<br><b>D</b>                                      | NAME<br><b>BENOV, HOWARD</b>     | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>190 MEDITERRANEAN BLVD. NORTH</b> |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST. LUCIE FL</b>                |                                  |                                 |
| TITLE<br><b>D</b>                                      | NAME<br><b>SCHROEDER, DON</b>    | <input type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>4 SAN JUAN LANE</b>               |                                  |                                 |
| CITY-ST-ZIP<br><b>PORT ST. LUCIE FL</b>                |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br><b>PD</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>DEMATTEO, FRAN</b>                        |  |
| 1.3 STREET ADDRESS<br><b>8 SAN JUAN LANE</b>             |  |
| 1.4 CITY-ST-ZIP<br><b>PORT ST. LUCIE, FL</b>             |  |
| 2.1 TITLE<br><b>VPD</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>DOLORES YOUNG</b>                         |  |
| 2.3 STREET ADDRESS<br><b>4 EL GABCO</b>                  |  |
| 2.4 CITY-ST-ZIP<br><b>PT. ST. LUCIE, FL</b>              |  |
| 3.1 TITLE<br><b>SD</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME<br><b>GERRY CROKITTO</b>                        |  |
| 3.3 STREET ADDRESS<br><b>16 GRANDE VISTA WAY</b>         |  |
| 3.4 CITY-ST-ZIP<br><b>PT. ST. LUCIE, FL</b>              |  |
| 4.1 TITLE<br><b>TD</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME<br><b>BRUSO, BETTY</b>                          |  |
| 4.3 STREET ADDRESS<br><b>2 MEDITERRANEAN BLVD. SOUTH</b> |  |
| 4.4 CITY-ST-ZIP<br><b>PT. ST. LUCIE, FL</b>              |  |
| 5.1 TITLE<br><b>D</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME<br><b>FLAHERTY, ROBERT</b>                      |  |
| 5.3 STREET ADDRESS<br><b>7 ISLANDIA LANE</b>             |  |
| 5.4 CITY-ST-ZIP<br><b>PT. ST. LUCIE, FL</b>              |  |
| 6.1 TITLE<br><b>D</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME<br><b>O'BRIEN, MILDRED</b>                      |  |
| 6.3 STREET ADDRESS<br><b>11 HUARTE WAY</b>               |  |
| 6.4 CITY-ST-ZIP<br><b>PT. ST. LUCIE, FL</b>              |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)