


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741326					
1. Corporation Name SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 37 FLORIDA WAY SPANISH LAKES I PORT ST. LUCIE FL 34952 US			Mailing Address 37 FLORIDA WAY SPANISH LAKES I PORT ST. LUCIE FL 34952 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1 Silver Oak Dr.		26 1 Silver Oak Dr.		01/11/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Port St. Lucie FL.		27 Port St. Lucie FL.		59-1805294	
City & State		City & State		Applied For	
23 34952 U.S.		28 34952 U.S.		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOULETTE, DICK 37 FLORIDA WAY PORT ST LUCIE FL 34952				81 Name Donald H. Allen			
				82 Street Address (P.O. Box Number is Not Acceptable) 6 Rio Verde Way			
				83			
				84 City Port St. Lucie FL 85 Zip Code 34952			

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 Donald H. Allen DATE 4/2/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNG, DELORES			1.2 NAME	Maurice W. Deragon		
STREET ADDRESS	4 EL GRECO			1.3 STREET ADDRESS	10 Guava Lane		
CITY-ST-ZIP	PORT ST LUCIE FL 34952			1.4 CITY-ST-ZIP	Port St. Lucie FL 34952		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEMATTEO, FRAN			2.2 NAME	J. Richard Reagle		
STREET ADDRESS	8 SAN JUAN LANE			2.3 STREET ADDRESS	17 Monterey Way		
CITY-ST-ZIP	PORT ST LUCIE FL 34952			2.4 CITY-ST-ZIP	Port St. Lucie FL 34952		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOULETTE, DICK			3.2 NAME	Walter Murray		
STREET ADDRESS	37 FLORIDA WAY			3.3 STREET ADDRESS	45 Grande Vista Way		
CITY-ST-ZIP	PORT ST LUCIE FL 34952			3.4 CITY-ST-ZIP	Port St. Lucie FL		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, DON			4.2 NAME	Eileen Sayer		
STREET ADDRESS	6 RIO VERDE WAY			4.3 STREET ADDRESS	12 Golf Dr.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			4.4 CITY-ST-ZIP	Port St. Lucie FL 34952		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAHERTY, ROBERT			5.2 NAME			
STREET ADDRESS	7 ISLANDIA LN			5.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBRIEN, MILDRED			6.2 NAME			
STREET ADDRESS	11 HUARTE WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Donald H. Allen April 2, 1999 561-878-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)