

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90059 005 ****61.25

DOCUMENT # 741326

1. Entity Name

SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1 SILVER OAK DR
PORT ST. LUCIE FL 34952
US**

Mailing Address

**1 SILVER OAK DR
PORT ST. LUCIE FL 34952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1805294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, DONALD H
6 RIO VERDE WAY
PORT ST LUCIE FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HATHORNE, ROSE
19 GOLF DRIVE
PORT ST LUCIE FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERTITTA, JAMES
79 EL CAMINO REAL
PORT ST. LUCIE FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
YOUNG, DOLORES
2 EDUARDO LANE
PORT SAINT LUCIE FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOODY, EDWARD
25 MED. BLVD. EAST
PORT ST. LUCIE FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCLOUGHLIN, PATRICIA
12 ISABELLA LANE
PORT ST LUCIE FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREWER, ROY
6 ORO GRANDE WAY
PORT ST. LUCIE FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALLEN, DONALD H
6 RIO VERDE WAY
PORT ST. LUCIE FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DUPLIN, KAY
30 FLAMENCO WAY
PORT ST. LUCIE FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BEDARD, RUDY
12 FLAMENCO WAY
PORT SAINT LUCIE FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAYER, EILEEN
12 GOLF DRIVE
PORT ST. LUCIE FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 Donald H Allen

CR2E037 (10/02)