


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 018 \*\*\*\*61.25

<b>DOCUMENT # 743480</b>			
1. Entity Name <b>SPINDRIFT CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2477 STICKNEY PT RD #118A SARASOTA FL 34231 US</b>		Mailing Address <b>2477 STICKNEY PT RD #118A SARASOTA FL 34231 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ARGUS-PROPERTY MGMT, INC 2477 STICKNEY POINT RD STE 118A SARASOTA FL 34231</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 <i>Randy Shaw</i>		DATE <i>2/10/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, SARAH	NAME	
STREET ADDRESS	1418 LADUE LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, NANCY	NAME	
STREET ADDRESS	1830 STRATFORDS DR	STREET ADDRESS	
CITY-ST-ZIP	OWENSBORO KY	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANG, ERIC	NAME	
STREET ADDRESS	140-10D RADNOR RD	STREET ADDRESS	
CITY-ST-ZIP	HOLLIS NY 11423	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKAIKO, JIM	NAME	<i>LENG, Gary</i>
STREET ADDRESS	3457 RAXCLIFF PL	STREET ADDRESS	<i>121, Granton Dr. Unit 121</i>
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	<i>Richmond Hill, Ontario</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2196657** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Nancy Wilson* DATE: *2/19/08*