2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 749256

Entity Name: SPINNAKERS REACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 EXECUTIVE WAY
STE. # 111
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

151 SAWGRASS CORNERS DRIVE
STE. # 204 G
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

P.O. BOX 2055
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-2090100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EWING, JOHN
200 EXECUTIVE WAY STE 111
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

EWING, JOHN
151 SAWGRASS CORNERS DRIVE
SUITE 204 G
PONTE VEDRA, FL 32082 US

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.

SIGNATURE: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: VANDROFF, HOWARD
Address: 705 SPINNAKERS BEACH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete
Name: BARTON, HAL
Address: 9681 PRESTON TRAIL WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete
Name: NORTON, NORA
Address: 3669 WEXFORD HOLLOW RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: THOMAS, ROY
Address: 744 SPINNAKERS' REHCH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: THRELKEL, ROBERT
Address: 716 SPINNAKERS' REHCH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL BARTON P 04/09/2009
Electronic Signature of Signing Officer or Director — Date