


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N27023		
1. Entity Name THE SPANISH RIVER VILLAS ASSOCIATION, INC.		
Principal Place of Business 1527 SW FIRST AVE BOCA RATON, FL 33432 US		Mailing Address 1527 SW FIRST AVE BOCA RATON, FL 33432 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POWERS, SEAN 1527 SW 1ST AVE BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE
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: <u>SEAN POWERS</u> 5/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCALANTE, LOUIS 1516 S.W. 1ST AVE. BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKSON, ALEX 1535 SW 1ST AVE BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWERS, SEAN 1527 SW 1ST AVE BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>SEAN POWERS</u> 5/15/07 561-394-7215 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



05152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0056050	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

U00000765328
05/31/07-80035-005 61.25

**DO NOT WRITE
IN THIS SPACE**