

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90009 049 ****61.25

DOCUMENT # 740854

1. Entity Name

SPENCER LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O CMC MANAGEMENT, INC.
2994 JOG ROAD, ST. B
GREEN ACRES FL 33467

Mailing Address

C/O CMC MANAGEMENT, INC.
2994 JOG ROAD, ST. B
GREEN ACRES FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2352260

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

GERRISH, SCOT
C/O CMC MANAGEMENT INC.
~~SUITE B~~ 2994 JOG RD., SUITE B
GREEN ACRES FL 33467

Name
Gerrish, Scot
Street Address (P.O. Box Number is Not Acceptable)
C/O CMC Management Inc.
2994 Jog Road, Suite B
City
Greenacres, FL Zip Code
33467

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

Scot A. Gerrish Manager March 29, 2004

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
Due By May 1, 2004

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 | <input type="checkbox"/> Delete |
|-------|---------------------|-------------------------|--------------------------|-------------------------------------|
| PD | MATRIUICH, MADELINE | 4112 SHEELY RD. NORTH | WEST PALM BEACH FL 33407 | <input type="checkbox"/> |
| VPD | THOMAS, RUBY | 4308 HEATH CIRCLE SOUTH | WEST PALM BEACH FL 33407 | <input checked="" type="checkbox"/> |
| D | SULLIVAN, REIDUN | 4012 SHELLEY NORTH | WEST PALM BEACH FL 33407 | <input checked="" type="checkbox"/> |
| D | POWELL, DONALD | 4101 HEATH CIRCLE SOUTH | WEST PALM BEACH FL 33407 | <input checked="" type="checkbox"/> |
| STD | JONES, J.C. | 4004 SHELLEY RD. NORTH | WEST PALM BEACH FL 33407 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|----------------------|---------------|-------------------------------------|-------------------------------------|
| D | MATKIVICH, MADELINE | 4112 SHELLEY RD. N. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PD | NICOLE BENNETT-DOSS | 4000 HEATH CIRCLE S. | WPB, FL 33407 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VPD | DANIEL BROOKS | 1121 HEATH CIRCLE S. | WPB, FL 33407 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| STD | YERA BYRD | 3807 SHELLEY RD. S. | WPB, FL 33407 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | JUSTIN McDONALD | 3900 HEATH CIR. S. | WPB, FL 33407 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Vera Byrd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

(31) 684 9524

Daytime Phone #