

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

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755630**

1. Entity Name  
**SPANISH LAKES COUNTRY CLUB SERVICE  
CORPORATION, INC.**



Principal Place of Business  
**8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952**



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2169259**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEWMAN, HARVEY  
8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GEORGE, CAMINO  
STREET ADDRESS 8000 S US 1 SUITE #402  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE D  
NAME REIFF, JOHN  
STREET ADDRESS 8000 S US 1 STE 402  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE PD  
NAME WYNNE, JOEL F  
STREET ADDRESS 8000 S US 1 SUITE #402  
CITY-ST-ZIP PORT ST LUCIE, FL

TITLE STD  
NAME NEWMAN, HARVEY  
STREET ADDRESS 8000 S US 1 SUITE #402  
CITY-ST-ZIP PORT ST LUCIE, FL

TITLE D  
NAME CARLSON, MARILYN  
STREET ADDRESS 8000 S US 1, STE, 402  
CITY-ST-ZIP PT. ST. LUCIE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000607263  
01/31/07-80030-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Harvey Newman 1/15/07 (772) 878-5513