

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000715

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** SPANISH POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 01-0760940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDNEY, ADOLPHUS  
Address: 5630 CORTINA LANE  
City-St-Zip: PALMETTO, FL 34221

Title: VPD ( ) Delete  
Name: RAMSAY, RON  
Address: 5618 CORTINA LN  
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete  
Name: JONES, NANCY  
Address: 9031 VISTA VERDE DR  
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete  
Name: ROBINSON, WILLIAM  
Address: 5831 SPANISH POINT CT  
City-St-Zip: PALMETTO, FL 34211

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: THORNHILL, NORMA  
Address: 5743 SPANISH POINT CT  
City-St-Zip: PALMETTO, FL 34221

Title: D (X) Change ( ) Addition  
Name: ROBINSON, WILLIAM  
Address: 5831 SPANISH POINT CT  
City-St-Zip: PALMETTO, FL 34211

Title: TD ( ) Change (X) Addition  
Name: HERRICK, ROBERT  
Address: 5647 SPANISH POINT CT  
City-St-Zip: PALMETTO, FL 34221

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: ADOLPHUS EDNEY

PD

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date