

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 019 ****61.25

DOCUMENT # 741326 1. Entity Name SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1 SILVER OAK DR PORT ST. LUCIE, FL 34952 US			Mailing Address PO BOX 7891 PORT SAINT LUCIE, FL 34985 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1805294	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWER, NANCY C 6 ORO GRANDE WAY PORT SAINT LUCIE, FL 34952 ARMAND DUVERGER 4 EL GRECO ST PORT SAINT LUCIE 34952				7. Name and Address of New Registered Agent Name ARMAND DUVERGER Street Address (P.O. Box Number is Not Acceptable) 4 EL GRECO ST City PORT ST LUCIE FL Zip Code 34952	
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><i>Armand Duverger</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HEILAND, GEORGE 66 GOLF DR PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEILAND, GEORGE 66 GOLF DR PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, CHARLES 55 EL CAMINO REAL PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOUIS DiCOCO 9 REFORMA LANE PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PILCHER, NATALIE 40 SILVER OAK DR PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNA MEYER 15 CORTEZ LANE PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREWER, NANCY 6 ORO GRANDE WAY PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN CRAIQUE 58 DEL PRADO PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNALLY, JOSEPH 15 HUARTE WAY PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAND DUVERGER 4 EL GRECO ST PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNEDY, ROBERT 57 MEDITERRANEAN E PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY KING 3 MARIPOSA LANE PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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><i>Armand Duverger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					

ATTACHMENT

40073158

741326

Sign Financing
Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES NULTY 11 MEDITERRANEAN E PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANGELO RINALDI 7 REFORMA LANE PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT M KENNEDY 57 MED EAST PORT SAINT LUCIE 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I certify that the information
and signature shall have the same legal effect as if made under oath; that I am an officer or director
as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NR DIRECTOR

Date

Daytime Phone #