

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754582

Entity Name: SPANISH GATE VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2172776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	KOLTS, CARYN
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	CORBIN, HAZEL
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	GOSS, JUDY
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	JEFFERY, CABLE
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	RICHARDSON, CARL
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

I hereby 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 all other like empowered.

SIGNATURE: CARYN KOLTS

PRESIDENT

04/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date