

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754582

Entity Name: SPANISH GATE VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**5207 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5207 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.
5207 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	5207 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	PHIPPS, TOM
Address	5207 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	GOSS, JUDY
Address	5207 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	SHUFFLIN, LINDA
Address	5207 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	HENSON, BOBBY
Address	5207 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

04/26/2018

Electronic Signature of Signing Officer/Director Detail_____
Date