FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726229

(8)

SPANISH LANDING TOWNHOUSE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 231 E INTENDENCIA ST PENSACOLA FL 32501-3022

231 E INTENDENCIA S

Mailing Address

FILED May 05 1997 8:00am Secretary of State



231 E INTENDENCIA ST PENSACOLA FL 32501-3022		231 E INTENDENCIA ST PENSACOLA FL 32501-8022					
					3. Date Incorporated or Qualified 04/26/1973	3a. Date of Last Report 06/14/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For		\exists	
21		26	26		59-1687769 Not Applicab		ole
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	# 		Fee Required		
City & State		City & State	1 1		6. Election Campaign Financing	74144	
23	Country	28			Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curren	[29] 30 Begistered Agent			10. Name and Address of New Registered Agent		-
			8	1 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	310	\dashv
IEDNIG	AN, KENNETH E		-	6 0	700 0 di		_
	NTENDENCIA ST		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
	COLA FL 32501-3022		8	3			ヿ
1 Filon	JOEN I E GEOUT GOZE		_	4 60		10-1	_
			8	4 City		FL 85 Zip Code 402	22
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Sta	tutes, the abo	ve-named co	rporation submits this statement for the pration's board of directors. I hereby accep		∍d
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa ations of, Section 617.0503,	as authorized i Florida Statut	by the corpor es.	ation's board of directors. I hereby accep	the appointment as registered	'
SIGNATURE	, ,						
	Signature, typed or printed name of registered age			gent signature req	uired when reinstating)	DATE	_ _
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		8
TITLE	STD	DELETE	1.1 TITLE	1		Change Additi	·on 2
NAME	JERNIGAN, KENNETH E		1.2 NAM				3
STREET ADDRESS	231 E INTENDENCIA ST PENSACOLA FL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ET ADDRESS			ű
CITY-ST-ZIP TITLE	VPD	DETELE	1.4 CITY 2.1 TITLE			Change Additi	ᇑ
NAME	LOUKAIDIS, GREGORY	<u> </u>	2.2 NAM				٠
STREET ADDRESS	308 FT PICKENS RD			ET ADDRESS			
CITY-ST-ZIP	PENSACOLA BEACH FL		2. 4 CITY				
TITLE	PD	DELETE	3.1 TITLE			Change Additi	ion
NAME	FOLSE, LEO		3.2 NAM	E			
STREET ADDRESS	316 FT. PICKENS RD.		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PENSACOLA BEACH FL		3.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change Additi	ion
NAME			4. 2 NAN	1E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			- 1
CITY-ST-ZIP		D DELETE	4.4 CHTY				
TITLE		☐ DELETE	5.1 TITLE	ì		Change Additi	on
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Additi	ion
NAME		FT OFFER		l l		E change E Muuli	-VII
1.0			6.2 NAM	ET ADDRESS			
STREET ADORESS CITY-ST-7IP			6.4 CITY				
	ov certify that the information supplier	d with this filing does not a			ed in Section 119.07(3)(i). Florida Statutes	. I further certify that the	\dashv

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CIONATURE.

to Tarian Stales

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