FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726229

1. Corporation Name

SPANISH LANDING TOWNHOUSE HOMEOWNERS ASSOCIATION , INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

231 E INTENDENCIA ST PENSACOLA FL 32501-022

2a. Mailing Address

Suite, Apt. #, etc.

US

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FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90138 031 ****61.25

377556 - 90138 - 31

Applied For

Not Applicable

		

3. Date Incorporated or Qualifed

04/26/1973

59-1687769

4. FEI Number

City & State	е	City & State			5. Certifcate of Status Desired		•	\$8.75 Additional Fee Required	
23]	0	28 Zip	Count	·n.		A = 1			
Zip	Country	⊢ ¬ '		u y		6. Election Campaign Financing		\$5.00 i Added to	
24	25	129	30			Trust Fund Contribution 10. Name and Address of New R	anietorod		71 003
	9. Name and Address of Curren	t Registered Agent	-	31	Name	10. Name and Address of New N	ogistered	Agent.	
			ľ	' ' .	·				
	i, Kenneth e		8	32	Street Address (P.O. Box Number is Not Acceptable)				
231 E INTENDENCIA ST									
PENSACO	DLA FL 32501		le le	33					
			. 8	34	City			85 Zip C	ode
					-		<u> </u>	<u> </u>	
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change wa	as authorized t	by th	named corpo ne corporation	ration submits this statement for the n's board of directors. I hereby accep	ourpose of the appoi	changing its i ntment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (f	NOTE: Registered A	aent s	signature required	when reinstation)	DATE		
		ID DIRECTORS	13.		- 5 2	ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE	STD	☐ DELETE	E 1.1 TITU	E				☐ Change	☐ Addition
NAME	JERNIGAN, KENNETH E		1.2 NAM	ΙE					
STREET ADDRESS	204 E INTENDENCIA OT			EET A	NODRESS				
CITY-ST-ZIP	PENSACOLA FL		1,4 CITY						
TITLE	VPD	DELETE		_				Change	☐ Addition
NAME	LOUKAIDIS, GREGORY		2.2 NAM	Œ					
STREET ADDRESS	306 FT PICKENS RD		2.3 STRI	EETA	ADDRESS				
CITY-ST-ZIP -	PENSACOLA BEACH FL.		2,4 CIT	Y-ST-	-ZIP			•	
TITLE	D .	☐ DELETE	E 3.1 TITLE	E				Change	Addition
NAME	SPITZER, PERRY		3.2 NAM	3.2 NAME					
STREET ADDRESS	290 FT PICKENS RD		3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	PENSACOLA BEACH FL		3.4. CITY			•			
TILE	,	☐ DELETE	E 4.1 TTTL	E				☐ Change	☐ Addition
NAME			4. 2 NAM	Æ					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY+ST-ZIP	₹		4.4 CITY		1				
TITLE	-	☐ DELETE				,		Change	☐ Addition
NAME			5.2 NAM	Œ					
STREET ADDRESS			5.3 STR	EETA	ADDRESS	•			
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP				
TITLE		☐ DELETE	E 6.1 TITLE	E		, , , , , , , , , , , , , , , , , , , ,		Change	☐ Addition
NAME			6.2 NAM	Œ					
STREET ADDRESS	5.		6.3 STR	EET A	ADDRES\$				
CITY-ST-ZIP			6.4 CITY	/-ST-	ZIP				
14. I hereby o	certify that the information supplied wi	th this filing does not qualif	fy for the exem	ptio	n stated in S	ection 119.07(3)(i), Florida Statutes. I	further cer	tify that the in	formation

In 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 eath, 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, with all other like empowered.

SIGNATURE:

NEW STEP STATE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

850/449-0344 Geytime Phone #

_CR2E037 (1.1/98