


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90041 045 ****61.25

DOCUMENT # 726229 1. Entity Name SPANISH LANDING TOWNHOUSE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 231 E INTENDENCIA ST PENSACOLA, FL 32501-3022			Mailing Address 231 E INTENDENCIA ST PENSACOLA, FL 32501-022 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32502		Country		4. FEI Number 59-1687769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JERNIGAN, KENNETH E 231 E INTENDENCIA ST PENSACOLA, FL 32501-32502-6022				7. Name and Address of New Registered Agent Name <u>KENNETH E. JERNIGAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>231 E INTENDENCIA ST</u> City <u>PENSACOLA</u> FL <u>32502</u>	
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>Kenneth E. Jernigan</u> DATE <u>4-20-04</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, 2004		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	STD JERNIGAN, KENNETH E 231 E INTENDENCIA ST PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHIS, JOHN 296 FT PICKENS ROAD GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARTHUR, RICHARD 304 PT PICKENS RD PENSACOLA BCH, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I 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 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>Kenneth E. Jernigan</u> Date <u>4-20-04</u> Daytime Phone # <u>850/469-0344</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04192004 Chg-NP CR2E037 (10/03)