

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728356

FILED
Feb 25, 2005
Secretary of State

Entity Name: SPANISH POINT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 350993
JACKSONVILLE, FL 32235

New Principal Place of Business:

Current Mailing Address:

PO BOX 350993
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-1573356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, MADONNA M
14049 FORTUNADO ROAD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, MADONNA M
Address: 14049 FORTUNADO RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: HALEY, LISA
Address: 2248 IVYLGAIL DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: FLUHART, AMY
Address: 14192 TOMAS POINT LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: MATTS, VICKI
Address: 14120 SPANISH POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MORGAN, FELICIA
Address: 2216 IVYLGAIL DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AMY FLUHART

T

02/25/2005

Electronic Signature of Signing Officer or Director

Date