

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728356

FILED  
Apr 17, 2006  
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:**

FLUHART, AMY L  
14192 TOMAS POINT LANE  
JACKSONVILLE, FL 32225 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: AMY FLUHART

04/17/2006

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MATTS, VICKY  
Address: 14120 SPANISH POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/17/2006

Electronic Signature of Signing Officer or Director

Date