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FILED

Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739161 (8)

1. Corporation Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.

Principal Place of Business

1340 TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

1340 TAMiami TRAIL
NOKOMIS FL 34275-15663. Date Incorporated or Qualified
05/25/19773a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1965204

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, RITA A.
31 SIERRA VISTA
NOKOMIS FL 34275

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME JARRETT, JOAN
STREET ADDRESS 337 DESOTO STREET
CITY- ST- ZIP NOKOMIS FL
☐ DELETE1.1 TITLE B D
1.2 NAME BETTY KOLTVEDT
1.3 STREET ADDRESS 303 DESOTO
1.4 CITY- ST- ZIP NOKOMIS, FL
☐ Change ☒ AdditionTITLE VP
NAME BARROWS, EUGENE
STREET ADDRESS 84 CAPTIVA
CITY- ST- ZIP NOKOMIS FL
☒ DELETE2.1 TITLE VP
2.2 NAME ROBERT KOLTVEDT
2.3 STREET ADDRESS 303 DESOTO
2.4 CITY- ST- ZIP NOKOMIS, FL
☒ Change ☐ AdditionTITLE VP
NAME COOPER, ZANE
STREET ADDRESS 31 SIERRA VISTA
CITY- ST- ZIP NOKOMIS FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE D
NAME LADRE, FLORENCE
STREET ADDRESS 338 DESOTO STREET NOKOMIS, FL
CITY- ST- ZIP NOKOMIS FL
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE T
NAME HARRIS, JO ANN
STREET ADDRESS 306 DESOTO STREET
CITY- ST- ZIP NOKOMIS FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE D
NAME WRIGHT, CLAYTON
STREET ADDRESS 237 SAN CARLOS STREET
CITY- ST- ZIP NOKOMIS FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97

Date

Daytime Phone # 0064078

CR2E037 (9/96)