

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

Mailing Address

1340 TAMiami TRAIL
NOKOMIS FL 34275

1340 TAMiami TRAIL
NOKOMIS FL 34275



3. Date Incorporated or Qualified

05/25/1977

4. FEI Number

59-1965204

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

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

COOPER, ZANE

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

31 SIERRA VISTA

83

84 City

NOKOMIS

FL

85 Zip Code

34275

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

2-4-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME JARRETT, JOAN
STREET ADDRESS 337 DESOTO STREET
CITY-ST-ZIP NOKOMIS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME KOLTVEDT, ROBERT
STREET ADDRESS 303 DESOTO
CITY-ST-ZIP NOKOMIS FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP
2.3 STREET ADDRESS Hamlin, Thomas
2.4 CITY-ST-ZIP 14 BOCA CIPPA ST.
NOKOMIS FL 34275

TITLE VP ☐ DELETE
NAME COOPER, ZANE
STREET ADDRESS 31 SIERRA VISTA
CITY-ST-ZIP NOKOMIS FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS Scott, Donald
3.4 CITY-ST-ZIP 175 SANIBEL ST
NOKOMIS FL 34275

TITLE D ☐ DELETE
NAME LADRE, FLORENCE
STREET ADDRESS 338 DESOTO STREET NOKOMIS, FL
CITY-ST-ZIP NOKOMIS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME HARRIS, JO ANN
STREET ADDRESS 308 DESOTO STREET
CITY-ST-ZIP NOKOMIS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WRIGHT, CLAYTON
STREET ADDRESS 237 SAN CARLOS STREET
CITY-ST-ZIP NOKOMIS FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VP
6.3 STREET ADDRESS GAGE, ARTHUR
6.4 CITY-ST-ZIP 319 DESOTO ST
NOKOMIS FL 34275

14. 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 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: [Signature] Treasurer 1/15/98 488-1399

CR2E037 (10/97)