

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-09-2001 90227 025 ****70.00

DOCUMENT # 739161

1. Entity Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.

Principal Place of Business

Mailing Address

1340 TAMiami TRAIL
NOKOMIS FL 342751340 TAMiami TRAIL
NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1965204

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JOANN
306 DESOTO ST.
NOKOMIS FL 34275*Desoto*

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BONNEMA, CHERYL	
STREET ADDRESS	273 SAN CARLOS ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRENT, JOE	
STREET ADDRESS	26 SAN CARLOS ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE, MOLLY	
STREET ADDRESS	44 SIERRA VISTA ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, NORMA	
STREET ADDRESS	175 SANIBEL ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, JO ANN	
STREET ADDRESS	306 DESOTO STREET	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTT, DON	
STREET ADDRESS	175 SANIBEL ST	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	GERRY FLEMING	
CITY-ST-ZIP	316 DESOTO ST NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT, FIRST	
STREET ADDRESS	JOE TRENT	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	KEN SMITH	
CITY-ST-ZIP	33 SIERRA VISTA ST NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT DIRECTOR	
STREET ADDRESS	BILL HICKOX	
CITY-ST-ZIP	152 SANIBEL ST NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	DON SCOTT	
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required HARRIS: 2-5-01 941-488-1399

CR2E037 (10/00)