

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90408 045 ****61.25

DOCUMENT # 739161

1. Entity 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**

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

CALKINS, DORIS

**205 SPANISH LK DR
NOKOMIS FL 34275**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Doris Calkins

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **FLEMING, GERRY**
STREET ADDRESS **315 DESOTO ST**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VPD** ☐ Delete
NAME **KNUEVEN, JANE**
STREET ADDRESS **158 SANIBEL**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD** ☒ Delete
NAME **HICKOX, BILL**
STREET ADDRESS **152 SANIBEL ST**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **TD** ☐ Delete
NAME **CALKINS, DORIS**
STREET ADDRESS **205 SPANISH LK DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VPD** ☐ Delete
NAME **JABCZENSKI, MITCH**
STREET ADDRESS **329 DESOTO**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **BARBARA KOEHLER**
STREET ADDRESS **105 CAPTIVA**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P** ☒ Change ☐ Addition
NAME **KNUEVEN, JANE**
STREET ADDRESS **158 SANIBEL**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **VPD** ☐ Change ☒ Addition
NAME **DROUIN, PAULINE**
STREET ADDRESS **174 SANIBEL**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Doris Calkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 94483-4633

Date

Daytime Phone #