

DOCUMENT # 739161

Entity Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS,  
NC.

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90244 001 \*\*\*\*61.25

02-22-2007 90244 002 \*\*\*\*8.75

Principal Place of Business

Mailing Address

340 TAMiami TRAIL  
NOKOMIS FL 342751340 TAMiami TRAIL  
NOKOMIS FL 34275

Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

TRENT, JOE  
26 SAN CARLOS STREET  
NOKOMIS FL 34275

Name

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

City

FL

Zip Code

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

2-12-07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

LE	S	<input checked="" type="checkbox"/> Delete
ME	KOEHLER, BARBARA	
REET ADDRESS	105 CAPTIVA	
Y-ST-ZIP	NOKOMIS FL 34275	
LE	T	<input type="checkbox"/> Delete
ME	TRENT, JOE	
REET ADDRESS	26 SAN CARLOS ST.	
Y-ST-ZIP	NOKOMIS FL 34275	
LE	P	<input checked="" type="checkbox"/> Delete
ME	WEHNER, CHARLES	
REET ADDRESS	61 LA COSTA ST	
Y-ST-ZIP	NOKOMIS FL 34275	
LE		<input type="checkbox"/> Delete
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> Delete
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> Delete
ME		
REET ADDRESS		
Y-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, DARYL BAER	
STREET ADDRESS	368 SPANISH LAKES DR.	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, WILLIAM H.	
STREET ADDRESS	152 SANIBEL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-12-07

941-486-1051

Date

Daytime Phone #