

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739161

FILED
Jan 21, 2009
Secretary of State

Entity Name: SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.

Current Principal Place of Business:

1340 TAMIAMI TRAIL
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1340 TAMIAMI TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-1965204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRENT, JOE
26 SAN CARLOS STREET
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

SCHAUBER, JOANN HARRIS
181 SANIBEL ST
NOKOMIS, FL 34275 US

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: JOANN HARRIS SCHAUBER

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COMMIGORE, RUTH
Address: PINTA ST
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: TRENT, JOE
Address: 26 SAN CARLOS ST.
City-St-Zip: NOKOMIS, FL 34275

Title: P () Delete
Name: ANSPACH, KENNETH
Address: 207 SPANISH DR.
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: COMMIGORE, RUTH
Address: PINTA ST
City-St-Zip: NOKOMIS, FL 34275

Title: TREA (X) Change () Addition
Name: SCHAUBER, JOANN HARRIS
Address: 181 SANIBEL ST
City-St-Zip: NOKOMIS, FL 34275

Title: PRES (X) Change () Addition
Name: VENO, DONALD
Address: 313 DESOTO ST
City-St-Zip: NOKOMIS, FL 34275

Title: VICE () Change (X) Addition
Name: O'LEARY, JOSEPH
Address: 148 SANIBEL ST
City-St-Zip: NOKOMIS, FL 34275

Title: VICE () Change (X) Addition
Name: MCCOY, SAMUEL
Address: 269 PINTA ST
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN HARRIS SCHAUBER

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date