2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 8:00 am Secretary of State

DOCUMENT # 741326 1. Entity Name SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.				98	3-16-2007 90033		25
1 SILVER OAK DR PO B		Mailing Address PO BOX 7891 PORT SAINT LUCIE, FL	34985 US	1 MARIN 1880 AND		TAA STAT BALII STATI EESK	
2. Principal Place of Business - No P.O. Box # 3. Mai		3. Mailing Address	ailing Address				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR	2E037 (12/06)	
City & State		City & State		4. FEI Number 59-180529	94		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	iress of New Registe	ered Agent	
			Name				
BREWER, NANCY C 6 ORO GRANDE WAY PORT ST LUCIE, FL 34952			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered affice or	registered agent, or both, in	the State of Florida.	I am familiar with,	and accept
SIGNATURE.							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating)	Γ	DATE	
	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2007	1	npaign Financing	\$5.00 May Be Added to Fees	Make o	Check payable to Department of St	
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make o	check payable to	ate
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG	Make of Fiorida D ES TO OFFICERS AN	check payable to	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D DUPLIN, KAY 30 FLAMENCO WAY PORT ST LUCIE, FL 34952	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. [11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG D GEOPGE HEIL 46 GOFF DR PORT ST. L	Make of Florida D ES TO OFFICERS AN	check payable to be partment of St. ID DIRECTORS IN Change	ate 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D DUPLIN, KAY 30 FLAMENCO WAY PORT ST LUCIE, FL 34952 PD GALLAGHER, CHARLES	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANG D GEORGE HEIL 44 GOLF DR PORT ST. L. D TOSEPH MC1	Make of Florida D ES TO OFFICERS AN -AND 	check payable to department of St ND DIRECTORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: YOUNG C. BLUNCK (NANCY C. BREWEL)

SIGNATURE AND TYPED OR PRINTED HAVE OF BIONING OFFICER OR DIRECTOR

03/09/07 112-240-2581