


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90033 001 ****61.25

DOCUMENT # 741326						
1. Entity Name SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 1 SILVER OAK DR PORT ST. LUCIE, FL 34952 US			Mailing Address PO BOX 7891 PORT SAINT LUCIE, FL 34985 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1805294		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BREWER, NANCY C 6 ORO GRANDE WAY PORT ST LUCIE, FL 34952			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPLIN, KAY 30 FLAMENCO WAY PORT ST LUCIE, FL 34952		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE HEILAND 66 GOLF DR. PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, CHARLES 55 EL CAMINO REAL PORT SAINT LUCIE, FL 34952		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH McHALLY 15 HUARTE WAY PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PILCHER, NATALIE 40 SILVER OAK DR PORT SAINT LUCIE, FL 34952		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGE NEUBERGER 22 ALHAMBRA PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREWER, NANCY 6 ORO GRANDE WAY PORT ST. LUCIE, FL 34952		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH MARCIANO 5 PALO ALTO LADE PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, ROY 6 ORO GRANDE WAY PORT ST. LUCIE, FL 34952		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNEDY, ROBERT 57 MEDITERRANEAN E PORT SAINT LUCIE, FL 34952		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	
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: <u>Nancy C. Brewer (NANCY C. BREWER)</u>				03/09/07 772-240-2587		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		