

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 03, 2007 08:00 A
Secretary of State

DOCUMENT # 742901

1. Entity Name
HOMEOWNERS ASSOCIATION OF SPANISH PINES
FOURTH AND FIFTH ADDITION, INC.



Principal Place of Business

1214 BOLIVAR CT.
DUNEDIN, FL 34698

Mailing Address

1214 BOLIVAR CT.
DUNEDIN, FL 34698



07042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFNER, KEITH J
1214 BOLIVAR CT.
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAFFNER, KEITH J
STREET ADDRESS 1214 BOLIVAR CT.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE SD
NAME CARPENTER, JOAN
STREET ADDRESS 1238 CORDOBA CT.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE TD
NAME WEST, DEBORAH A
STREET ADDRESS 1280 BOLIVAR CT.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

U00000771330
08/03/07-80002-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Keith Schaffner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-07
Date

(727) 365-3190
Daytime Phone #