

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Aug 25, 2008 08:00 AM
Secretary of State



07132008 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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000958325
08/25/08-80004-013 61.25

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	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Schaffner
8-10-08

Date

Daytime Phone # _____