2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #743689

1. Entity Name



Apr 23, 2007 8:00 am Secretary of State

FILED

SPANISH RIVER GARDENS HOMEOWNER'S ASSOCIATION, INC.					04-2	3-2007 902	252 046	****61.2	5
Principal Place SPANISH RIVI PO BOX 1434 BOCA RATON	ER GARDENS 4	Mailing Address SPANISH RIVER GARDENS PO BOX 1434 BOCA RATON, FL 33429	US	-	L YERFIL IYRAL BIYRA) Bizil Bibli Bit	11 0 (11) 0(11) 1100	KITI ON TEAL
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	ailing Address Boychmanc Procesty M Sn. F						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. Ba Usles Road		04192007 Ch	ıg-NP	CR2E03	7 (12/06)	
City & State Ci		City & State	ity & State		4. FEI Number 59-241238	4		——	plied For Applicable
Zip	Country	330,07	Country		5. Certificate of Sta	alus Desired		\$8.75 Add	litional
	6, Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered A	Agent	
COIECITU	THOMAS H	Name	Name						
GRIFFITH, THOMAS H 479 NE 20TH ST BOCA RATON, FL 33431			Street Address (P.O. Box Number is Not Acceptable)						
			City		· · · · · ·		FL	Zip Cod	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its req	gistered office o	r registere	ed agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signal	lure required	when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Campa	nign Financing		\$5.00 May Be	М	lake check	payable to	0
	Due by May 1, 2007	Trust Fund Con	tribution.		Added to Fees	Fior	ida Depar	tment of St	tate
10.	OFFICERS AND DI		11.		DDITIONS/CHANGE	S TO OFFICE	RS AND DI		
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CITY+ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	ROCO	L Ratur	FL		<u>33432</u>	
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NAME	SCHWARTZ, FRED		NAME	Eldr	ndge,ch 3 sw.s	anes			
STREET ADDRESS	521 SW 15TH STREET		STREET ADDRESS	1 -		, Aver	10e	334	122
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CITY-ST-ZIP			CITY-ST-ZIP		aram			1 33	432
TITLE		☐ Delete	TITLE	D				☐ Change	Addition
NAME CTREET ADDRESS			NAME CARLET PODDECC	MIN	ters, are	39			
STREET ADDRESS :			STREET ADDRESS CITY-ST-ZIP		a Raha	a pro-c	FL	334	21
	L	h this filing does not qualify for the				ida Statutes I			
indicated	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that my	signature shall l	have the s	same legal effect as i	i made under	oath; that I	am an officer	or director

changed, or on an attachment with an address, with all other like empowered. laes.

SIGNATURE: __

G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN