

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 042 ****61.25

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04142008 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|----------------------|--|--|---|--|
| DOCUMENT # 743689 1. Entity Name SPANISH RIVER GARDENS HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business SPANISH RIVER GARDENS PO BOX 1434 BOCA RATON, FL 33429 US | | | Mailing Address C/O BENCHMARK PROPERTY MGMT 7932 LOILES ROAD CORAL SPRINGS, FL 33067 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 59-2412384 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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 | | |
| GRIFFITH, THOMAS H 479 NE 20TH ST BOCA RATON, FL 33431 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHWARTZ, FRED | | NAME | | |
| STREET ADDRESS | 521 S.W 15 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIFFITH, THOMAS H | | NAME | | |
| STREET ADDRESS | 1600 SW 5TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUTKENTS, VINCE | | NAME | | |
| STREET ADDRESS | 250 SW 15 DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BEECH, JOHN | | NAME | | |
| STREET ADDRESS | 400 15 DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ELDRIDGE, CHARLES | | NAME | | |
| STREET ADDRESS | 1583 S.W. 5 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHEA, MARY KAY | | NAME | | |
| STREET ADDRESS | 1524 SW 4TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | |
| 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: <i>Thomas H Griffith - Pres.</i> | | | Date 4-21-2008 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |