

2006

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 003 ****61.25

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1. Entity Name

SPANISH LAKES RIVERFRONT HOME OWNERS
ASSOCIATION, INC.**DO NOT WRITE IN THIS SPACE****50006848**

CR2E037B (8/05)

2. Principal Place of Business

157 Camino Del Rio
Suite, Apt. #, etc.

3. Mailing Address

157 Camino Del Rio
Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

59-2386622

Applied For

Not Applicable

Zip

34952

Country

Zip

34952

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David P. Blomstrand

Street Address (P.O. Box Number is Not Acceptable)

30 Galeria Way

City

Port St. Lucie**FL**

Zip Code

34952**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 David P. Blomstrand

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

David P. Blomstrand

(NOTE: Registered Agent signature required when reinstating)

3-26-06

DATE

**FEE IS \$61.25
Initial or Amended AR**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P David P. Blomstrand
30 Galeria Way
Port St. Lucie, FL 34952TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V Edward G. Hawkins, Jr.
19 Santa Maria Court
Port St. Lucie, FL 34952TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD Carole A. Roper
28 Galeria Way
Port St. Lucie, FL 34952TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T Frances L. Sherman
18 Galeria Way
Port St. Lucie, FL 34952TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Margaret E. Starkey
11 Universidad Lane
Port St. Lucie, FL 34952TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Anne D. Mortensen
47 Camino DEl Rio
Port St. Lucie, FL 34952TITLE
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: David P. Blomstrand David P. Blomstrand3-26-06

Date

772-344-9542

Daytime Phone #