

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744718

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** SPANISH LAKES RIVERFRONT HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

157 CAMINO DEL RIO  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

157 CAMINO DEL RIO  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 59-2386622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORTENSON, ANN  
47 CAMINO DE RIO  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

MORTENSON, ANNE D  
47 CAMINO DE RIO  
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: ANNE D. MORTENSEN

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORTENSON, ANN  
Address: 47 CAMINO DE RIO  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P ( ) Delete  
Name: BURKE, ROBERT S  
Address: 1 QUINTARA ROO LANE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete  
Name: RUPER, CAROL  
Address: 28 GALE RIA WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: ROPER, CAROL  
Address: 28 GALERIA WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: FRYER, JEANNE  
Address: 17 SANTA MARIA CT  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: MARTIN, JEAN  
Address: 11 SANTA MARIA WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MORTENSON, ANNE D  
Address: 47 CAMINO DE RIO  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP (X) Change ( ) Addition  
Name: LAMBERT, STEPHEN  
Address: 71 CAMINO DEL RIO  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S (X) Change ( ) Addition  
Name: SHARPE, GAIL  
Address: 239 CAMINO DEL RIO  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Change ( ) Addition  
Name: ROPER, CAROLE  
Address: 28 GALERIA WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE D. MORTENSEN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date