


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 034 ****61.25

DOCUMENT # 746245 1. Entity Name SPANISH ACRES HOMEOWNERS' ASSOCIATION, INCORPORATED			
Principal Place of Business 2175 MARQUITA DR. DUNEDIN, FL 34698		Mailing Address 2175 MARQUITA DR. DUNEDIN, FL 34698	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1922 Suite, Apt. #, etc.	
City & State Dunedin, FL		4. FEI Number 59-2269107	
Zip 34697-1922		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSUR, REBECCA 2175 MARQUITA DR. DUNEDIN, FL 34698		7. Name and Address of New Registered Agent 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. <i>Rebecca Mosur</i> SIGNATURE: <i>Rebecca S Mosur, Treasurer</i> DATE: <i>1/10/04</i> <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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SURFACE, CAMERON 3141 FIESTA DRIVE DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREGGENS, KAREN 2176 SANTA PAULA DR. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRATYANSKI, RICHARD 2176 MARQUITA DR. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSUR, REBECCA 2175 MARQUITA DR. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rebecca S Mosur, Rebecca Mosur</i>		DATE: <i>1/10/04</i> DAYTIME PHONE #: <i>813-251-5170</i>	