

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # 746245

1. Entity Name
**SPANISH ACRES HOMEOWNERS' ASSOCIATION,
INCORPORATED**



Principal Place of Business

2175 MARQUITA DR.
DUNEDIN, FL 34698

Mailing Address

PO BOX 1922
DUNEDIN, FL 34697



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2269107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSUR, REBECCA
2175 MARQUITA DR.
DUNEDIN, FL 34698

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SURFACE, CAMERON
STREET ADDRESS 3141 FIESTA DRIVE
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE SD
NAME FREGGINS, KAREN
STREET ADDRESS 2176 SANTA PAULA DR.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE VD
NAME BRATYANSKI, RICHARD
STREET ADDRESS 2176 MARQUITA DR.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE TD
NAME MOSUR, REBECCA
STREET ADDRESS 2175 MARQUITA DR.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca S Mosur Rebecca S Mosur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/05 813 251-5170