


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90024 017 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-2269107 | |
| 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 <u>David Eppler</u> Street Address (P.O. Box Number is Not Acceptable) <u>3141 Fiesta Dr</u> <u>Dunedin</u> City <u>Dunedin</u> FL Zip Code <u>34698</u> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD BRATYANSKI, RICHARD 2176 MORQUITA DR DUNEDIN, FL 34698 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD David Eppler 3141 Fiesta Dr Dunedin FL 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FREGGINS, KAREN 2176 SANTA PAULA DR. DUNEDIN, FL 34698 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Scott Shipman 3140 Carlos Dr. Dunedin FL 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PERSKY, JEFF 3146 TIMBERVIEW DR DUNEDIN, FL 34698 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOSUR, REBECCA 2175 MARQUITA DR. DUNEDIN, FL 34698 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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: <u>Rebecca S. Mosur</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

40066760



01202008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

FL Zip Code 34698

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition