2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 746245

Entity Name: SPANISH ACRES HOMEOWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2175 MARQUITA DR.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

PO BOX 1922
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-2269107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EPPLER, DAVID
3141 FIESTA DR.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EPPLER, DAVID	
Address:	3141 FIESTA DR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	SD	( ) Delete
Name:	FREGGENS, KAREN	
Address:	2176 SANTA PAULA DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	VD	( ) Delete
Name:	SHIPMAN, SCOTT	
Address:	3140 CARLOS DR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	TD	( ) Delete
Name:	MOSUR, REBECCA	
Address:	2175 MARQUITA DR.	
City-St-Zip:	DUNEDIN, FL 34698	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: REBECCA S. MOSUR TD 05/04/2009

Electronic Signature of Signing Officer or Director — Date