

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 746741

1. Entity Name
SPANISH II VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2181 INDIAN ROCKS RD S
1
LARGO, FL 33774 US

Mailing Address

2181 INDIAN ROCKS RD S
1
LARGO, FL 33774 US



07272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1910516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, NICOLA
2181 INDIAN ROCKS RD S STE 1
LARGO, FL 33774

**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

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JUDY, SHIRLEY
931 GULF BLVD. #58
INDIAN ROCKS BCH., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORIDI, BADRI
107 10TH AVE. #60
INDIAN ROCKS BEACH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BLACK, BETTY
292 GULF BLVD. 53
INDIAN ROCKS BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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08/03/05-80004-004 61.25

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:

Shirley Judy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/05