




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90303 017 \*\*\*\*61.25

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<b>DOCUMENT # 749256</b>			
1. Entity Name <b>SPINNAKERS REACH CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4200 MARSH LANDING BLVD STE. # 200 JACKSONVILLE BEACH FL 32250 US</b>		Mailing Address <b>4200 MARSH LANDING BLVD STE. # 200 JACKSONVILLE BEACH FL 32250 US</b>	
2. Principal Place of Business <b>200 EXECUTIVE WAY</b>		3. Mailing Address <b>PO BOX 2055</b>	
Suite, Apt. #, etc. <b>SUITE 111</b>		Suite, Apt. #, etc.	
City & State <b>PONTE VEDRA, FL</b>		City & State <b>PONTE VEDRA, FL</b>	
Zip <b>32082</b>		Zip <b>32004</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2090100</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EWING, JOHN 200 EXECUTIVE WAY STE 111 PONTE VEDRA FL 32082</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 		JOHN EWING	
Signature, typed or printed name of registered agent and his if applicable		(NOTE: Registered Agent signature required when re-registering)	
DATE		6/6/06	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	DT	TITLE	VP
NAME	MORTON, SANDRA	NAME	HOWARD VAN HORFF
STREET ADDRESS	740 SPINNAKER'S REACH DRIVE	STREET ADDRESS	205 SPINNAKERS REACH DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D	TITLE	P
NAME	BARTON, HAL	NAME	HAL BARTON
STREET ADDRESS	715 SPINNAKER REACH DRIVE	STREET ADDRESS	9681 PRESTON TRAIL WEST
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	SVD	TITLE	S
NAME	SMITH, LARRY	NAME	NORA MORTON
STREET ADDRESS	734 SPINNAKERS REACH DRIVE	STREET ADDRESS	3669 WEXFORD HOLLOW RD.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE		TITLE	D
NAME		NAME	ROY THOMAS
STREET ADDRESS		STREET ADDRESS	244 SPINNAKERS REACH DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		HAL BARTON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		6/5/06	
		Daytime Phone #	
		904-280-2616	