2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 749926 02-07-2005 90046 006 ****61.25 1. Entity Name SPANISH PARK HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 6015 11 AVE WEST BRANDENTON FL 34209 6015 11 AVE WEST BRANDENTON FL 34209 66003867 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 65-0449340 Not Applicable Ζìρ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, MARY Daleta Street Address (P.O. Box Number's Not Not Acceptable) 6016-10 AVE WEST 600 BRADENTON-FL-94209 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. (NOTE: Registered Agent signature required when revistating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delate TITLE ☐ Change ■ Addition ALEXANDER, JACKIE NUME NAME 600 10TH AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-7IP CITY-SI-7P ☐ Delete ☐ Addition TITLE TITLE SNYDER, RENAE NAME ZMAN 6016 10 AVE W STREET ADDRESS STREET ADDRESS BRADENTON FL 34209 CITY-SI-7IP CITY-ST-7P TITLE ☐ Detate TITLE ☐ Change ☐ Addition DELENA, BRIDGET KALE NAME STREET ADDRESS 6003 10TH AVE WEST STREET ADDRESS BRADENTON FL 34209 ---CITY-ST-772 CUY-SI-7/P ... TITLE ☐ Deleta ☐ Addition GOLDSWORTHY, NANCY NAME NAME 6015 11TH AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE F Delete TITLE ☐ Change Phyllis Knowles NAME NAME 6204 119 auc W. STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP Delete ☐ Change **☐** Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

Trocsucer CER OR DIRECTOR FILED

Mar 09, 2005 8:00 am