

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # 749983

1. Entity Name
**SPANISH RIVER RESORT & BEACH CLUB
ASSOCIATION, INC.**



Principal Place of Business
**1001 E. ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483**

Mailing Address
**1000 MARKET STREET
BLDG. ONE
PORTSMOUTH, NH 03801**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1961794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD
1100 LINTON BLVD.
SUITE C-4
DELRAY BEACH, FL 33444**

**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 May 1, 2007**

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
**PTD
MACMURRIAN, THOMAS
1001 E. ATLANTIC AVE, SUITE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BERGER, ANDREW
1001 E. ATLANTIC AVE, SUITE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CRITCHFIELD, RICHARD
1001 E. ATLANTIC AVE SUITE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ADE, RICHARD C
1000 MARKET STREET
PORTSMOUTH, NH 03801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000676902
03/30/07-80083-001 61.25

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IN THIS SPACE**

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07
Date

(603)559-
Daytime Phone # 2100

Richard C. Ade, EUP