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

## Mar 10, 2005 8:00 am Secretary of State **DOCUMENT # 750803** 1. Entity Name 03-10-2005 90135 021 \*\*\*\*61.25 SPANISH HARBOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9395 PENNSYLVANIA AVENUE #43 P.O. BOX 3368 **BONITA SPRINGS FL 33923 BONITA SPRINGS FL 34133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2057308 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARMAN, SUE Street Address (P.O. Box Number is Not Acceptable) 9395 PENNSYLVANIA #16 **BONITA SPRINGS FL 34135** Zip Code 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. \_\_\_ Change TITLE TITLE Delete GARMAN, SUE NAME NAME COLE, NAMEY 9395 PENNSYLVANIA #16 STREET ADDRESS STREET ADDRESS 27284 BARBAROSA BONITA SPRINGS EL BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete SWANSON, CRAIG G Robert Golden 9395 Pennsylvanin #22 BONITA SIDRINGS FL 34/33 NAME NAME 9395 PENNSYLVANIA #28 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-\$1-7IP ☐ Addition Delete TITLE ASARO, LOIS NAME NAME 9395 PENNSYLVANIA #11 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TATLE ☐ Addition ☐ Delete Change

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 attantment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-S1-7IP

SIGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED