
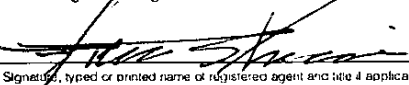
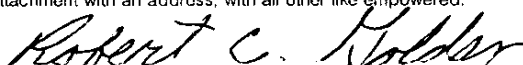


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 021 ****61.25

DOCUMENT # 750803 1. Entity Name SPANISH HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9395 PENNSYLVANIA AVENUE #43 BONITA SPRINGS FL 33923			Mailing Address P.O. BOX 3368 BONITA SPRINGS FL 34133 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2057308	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARMAN, SUE 9395 PENNSYLVANIA #16 BONITA SPRINGS FL 34135			7. Name and Address of New Registered Agent Name Arthur Skerivan Street Address (P.O. Box Number is Not Acceptable) 25730 Hickory 636-c City Bonita Springs FL Zip Code 34134		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2-17-07 <small>(NOTE: Registered Agent signature required when registering)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, DEBORAH 9395 PENNSYLVANIA, #3 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANSON, CRAIG G 9395 PENNSYLVANIA #28 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD- GOLDEN, ROBERT 9395 PENNSYLVANIA #22 BONITA SPRINGS FL 34133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHEWS, DONNA 9395 PENNSYLVANIA #40 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHEWS, DONNA 9395 PENNSYLVANIA #40 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHEWS, DONNA 9395 PENNSYLVANIA #40 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete			
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:  Robert C. Golden 2/20/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					