2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2008 8:00 am Secretary of State **DOCUMENT # 750803** 1. Entity Name 03-19-2008 90028 027 ****61.25 SPANISH HARBOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 3368 BONITA SPRINGS FL 34133 9395 PENNSYLVANIA AVENUE #43 **BONITA SPRINGS FL 33923** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2057308 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKRIVAN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 25730 HICKORY 636-C **BONITA SPRINGS FL 34134** 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 fit oil fluopicable. (NOTE: Begistered Agent signature required when reinstaung) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD D TITLE Title Delate Addition HORTON, HOLMAN WHITE, DEBORAH NAME NAME 9395 PENNSYLVANIA, #3 STREET ADDRESS STREET ADDRESS 9395 PENNSYLVANIA # 15 BONITA SPRINGS FL 34135 CITY - ST - ZIP CITY-ST-ZiP BONITA SPRINGS, FL 34135 PD TITLE ☐ Defate TITLE ☐ Change Addition GOLDEN, ROBERT HAME 9395 PENNSYLVANIA #22 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34133 CITY-ST-ZIP CITY-ST-Z-P SD TITLE ☐ Defete TITLE Change neitibbA 🔲 MATHEWS, DONNA NAME NAME 9395 PENNSYLVANIA #40 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP THILE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance TITLE Addition 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 oddress, with all other like empowered.

SIGNATURE:

SIGNATURE:

FILED

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