2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 750803

Entity Name: SPANISH HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9395 PENNSYLVANIA AVENUE #43
BONITA SPRINGS, FL 33923

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3368
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 59-2057308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRIVAN, ARTHUR
25730 HICKORY 636-C
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HORTON, HOLMAN
Address: 9395 PENNSYLVANIA #25
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete
Name: GOLDEN, ROBERT
Address: 9395 PENNSYLVANIA #22
City-St-Zip: BONITA SPRINGS, FL 34133

Title: SD ( ) Delete
Name: MATHEWS, DONNA
Address: 9395 PENNSYLVANIA #40
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: HORTON, HOLMAN
Address: 9395 PENNSYLVANIA #25
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD (X) Change ( ) Addition
Name: PORTALATIN, NANCY
Address: 9395 PENNSYLVANIA #14
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD (X) Change ( ) Addition
Name: MATHEWS, DONNA
Address: 9395 PENNSYLVANIA #40
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR SKRIVAN AGNT 02/26/2009

Electronic Signature of Signing Officer or Director — Date