

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # 751993

1. Entity Name
SPOTTIS WOODE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**300 SPOTTIS WOODE CT
CLEARWATER, FL 33756 US**

Mailing Address
**300 SPOTTIS WOODE CT
C/O TANA C. GIBSON
CLEARWATER, FL 33756 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070640

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBSON, TANA C
300 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

**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, 2005**

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
**P
HOWELL, HOWARD
701 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
GIBSON, JIM
300 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SAWYER, DAVID
277 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSON, JIM
312 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MESSICK, TOM
306 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GILBOA, YARIV
288 SPOTTIS WOODE CT
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #