2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751993

FILED Jan 12, 2007 Secretary of State

Entity Name: SPOTTIS WOODE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 300 SPOTTIS WOODE CT CLEARWATER, FL 33756 US **Current Mailing Address: New Mailing Address:** 300 SPOTTIS WOODE CT C/O TANA C. GIBSON CLEARWATER, FL 33756 US FEI Number: 59-2070640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBSON, TANA C 300 SPOTTIS WOODE CT CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOWELL, HOWARD Name: Name: 701 SPOTTIS WOODE CT Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: Title: TD (X) Change () Addition () Delete GIBSON, JIM Name: GIBSON, JAMES Name: Address: 300 SPOTTIS WOODE CT Address: 300 SPOTTIS WOODE CT City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: (X) Change () Addition SAWYER, DAVID BETSY, STEG Name: Name: 277 SPOTTIS WOODE CT Address: Address: 202 BLUFF VIEW DRIVE City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: () Delete Title: () Change () Addition Name: JOHNSON, JIM Name: 312 SPOTTIS WOODE CT Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition MESSICK, TOM Name: Name: 306 SPOTTIS WOODE CT Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: (X) Change () Addition GILBOA, YARIV ELLIOTT. RUBINSON Name: Name: Address: 288 SPOTTIS WOODE CT Address: 700 SPOTTIS WOODE LANE CLEARWATER, FL 33756 CLEARWATER, FL 33756 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES GIBSON TREA 01/12/2007