2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 751993

Entity Name: SPOTTIS WOODE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

300 SPOTTIS WOODE CT
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2070640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, TANA C
300 SPOTTIS WOODE CT
CLEARWATER, FL 33756 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:	P	( ) Delete
Name:	HOWELL, HOWARD	
Address:	701 SPOTTIS WOODE CT	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	TD	( ) Delete
Name:	GIBSON, JAMES	
Address:	300 SPOTTIS WOODE CT	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	BETSY, STEG	
Address:	202 BLUFF VIEW DRIVE	
City-St-Zip:	BELLEAIR BLUFFS, FL 33770	
Title:	D	( ) Delete
Name:	JOHNSON, JIM	
Address:	312 SPOTTIS WOODE CT	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	MESSICK, TOM	
Address:	306 SPOTTIS WOODE CT	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	ELLIOTT, RUBINSON	
Address:	700 SPOTTIS WOODE LANE	
City-St-Zip:	CLEARWATER, FL 33756	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JAMES C. GIBSON TD 01/14/2009
Electronic Signature of Signing Officer or Director — Date