

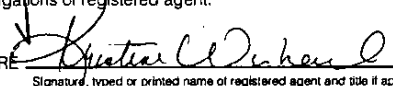
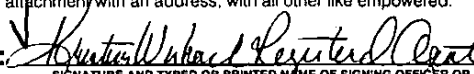


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90310 019 \*\*\*\*61.25

<b>DOCUMENT # 753933</b> 1. Entity Name <b>SPINNAKER CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>601 ISLAMORADA BLVD. PUNTA GORDA, FL 33955</b>			Mailing Address <b>PO BOX 511503 PUNTA GORDA, FL 33951</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 380758</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Murdoch FL</b>		4. FEI Number <b>59-2053980</b>	
Zip <b>33938</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITE, ALAN STAR HOSPITALITY MANAGEMENT, INC. 3160 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955</b>				7. Name and Address of New Registered Agent Name <b>Wishard Kristine</b> Street Address (P.O. Box Number is Not Acceptable) <b>23081 Harborview Rd</b> <b>2ND Floor</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33980</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/13/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEDRICK, LARRY 601 ISLAMORADA BLVD #238 PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hedrick, Larry P.O. Box 380758 Murdoch, FL 33938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, MILO 601 ISLAMORADA BLVD. #26A PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Larsen, Milo P.O. Box 380758 Murdoch, FL 33938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUREEL, NORBERT 601 ISLAMORADA BLVD #22B PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wilson, Kathy P.O. Box 380758 Murdoch, FL 33938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, BRIAN 601 ISLAMORADA BLVD #24B PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EWING, JUDITH 601 ISLAMORADA BLVD. #23B PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ball, Mariam P.O. Box 380758 Murdoch, FL 33938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-1-05</b> Daytime Phone # <b>941-629-8190</b>	