

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753933

FILED
Apr 30, 2009
Secretary of State

Entity Name: SPINNAKER CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 ISLAMORADA BLVD.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7555
NORTH PORT, FL 34290

New Mailing Address:

FEI Number: 59-2053980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINDER, BRENDA S
1ST CHOICE CONDO MANAGEMENT SERV.
1485 FITZGERALD RD
NORTH PORT, FL 34288 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: VPD () Delete
Name: HEDRICK, LARRY
Address: 601 ISLAMORADA BLVD., 23B
City-St-Zip: PUNTA GORDA, FL 33955

Title: PD () Delete
Name: LARSON, MILO
Address: 601 ISLAMORADA BLVD., 21A
City-St-Zip: PUNTA GORDA, FL 33955

Title: STD () Delete
Name: WILSON, KATHY
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: MORGAN, MARSHALL
Address: 601 ISLAMORADA BLVD., 26B
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: SHEIRS, PEGGY
Address: 2000 MARIANNE KEY RD., 13A
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEDRICK, LARRY
Address: 601 ISLAMORADA BLVD., 23B
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Change () Addition
Name: LARSON, MILO
Address: 601 ISLAMORADA BLVD., 21A
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: D (X) Change () Addition
Name: PIERCE, ALDEN
Address: 175 BEEDEN ROAD
City-St-Zip: WESTPORT, MA 02790

Title: VPD (X) Change () Addition
Name: SHEIRS, PEGGY
Address: 2000 MARIANNE KEY RD., 13A
City-St-Zip: PUNTA GORDA, FL 33955

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: LARRY HEDRICK

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date