


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755630</b> 1. Entity Name SPANISH LAKES COUNTRY CLUB SERVICE CORPORATION, INC.	
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Principal Place of Business 8000 SOUTH US 1, STE 402 PORT ST. LUCIE, FL 34952	Mailing Address 8000 SOUTH US 1, STE 402 PORT ST. LUCIE, FL 34952
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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2169259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NEWMAN, HARVEY 8000 SOUTH US 1, STE 402 PORT ST. LUCIE, FL 34952
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000424450 02/18/06-80050-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, CAMINO 8000 S US 1 SUITE #402 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFF, JOHN 8000 S US 1 STE 402 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNNE, JOEL F 8000 S US 1 SUITE #402 PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWMAN, HARVEY 8000 S US 1 SUITE #402 PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, MARILYN 8000 S US 1, STE, 402 PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b> 	Harvey A. Newman 2/2/06 (772) 878-5513
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>