

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755912

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** SQUIRREL POINT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

15737 ACORN CIRCLE  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

15737 ACORN CIRCLE  
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number:** 59-2201778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCORD, GEORGE E  
15807 ACORN CIRCLE  
TAVARES, FL 32778 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: MINKOFF, SANFORD A  
Address: 15800 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: V ( ) Delete  
Name: FLACK, RICK  
Address: 15717 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: S/T ( ) Delete  
Name: MCCORD, GEORGE E  
Address: 15807 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: SCHANG, BRENDA  
Address: 15839 CHESTNUT LANE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: CASEY, JENNY  
Address: 15727 ACORN CIR  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FLACK, RICKY  
Address: 15717 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: V (X) Change ( ) Addition  
Name: CASEY, JENNY  
Address: 15721 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

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

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

Title: D (X) Change ( ) Addition  
Name: REED, EDWARD  
Address: 15811 ACORN CIR  
City-St-Zip: TAVARES, FL 32778

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: GEORGE E. MCCORD

S/T

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date