2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 756593

1. Entity Name
SPANISH CAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950	C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950

01262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2181832
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD
223 TAYLOR STREET
PUNTA GORDA, FL 33950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000035364
02/06/04-80016-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KHUDAIRI, A KARIM
STREET ADDRESS	600 WASHINGTON ST #1
CITY-ST-ZIP	WELLESLEY MASS,
TITLE	SD
NAME	KHUDAIRI, SAJIDA Y
STREET ADDRESS	600 WASHINGTON ST #1
CITY-ST-ZIP	WELLESLEY MASS,
TITLE	D
NAME	KHUDAIRI, NABEEL
STREET ADDRESS	600 WASHINGTON ST #1
CITY-ST-ZIP	WELLESLEY, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: A. Karim Khudairi 2/3/04 941-637-7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #