


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756593</b> 1. Entity Name SPANISH CAY VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950	Mailing Address C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950
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07092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>59-2181832</b>	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  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

U000000763407  
07/18/07-80005-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KHUDAIRI, A KARIM 600 WASHINGTON ST #1 WELLESLEY MASS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KHUDAIRI, SAJIDA Y 600 WASHINGTON ST #1 WELLESLEY MASS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHUDAIRI, NABEEL 600 WASHINGTON ST #1 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 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.

**SIGNATURE:** A. Karim Khudairi 7/19/07 617-440-5585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #