


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 012 \*\*\*\*61.25

<b>DOCUMENT # 756593</b>					
<b>1. Entity Name</b> SPANISH CAY VILLAS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950			<b>Mailing Address</b> C/O A. KARIM KHUDAIRI 1204-D. SPANISH CAY LANE PUNTA GORDA, FL 33950		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2181832	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOTITZKY, EDWARD 223 TAYLOR STREET PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> KHUDAIRI, A KARIM	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> Khudairi, A. Karim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 600 WASHINGTON ST #1	<b>CITY-ST-ZIP</b> WELLESLEY MASS,		<b>STREET ADDRESS</b> 1204-D Spanish Cay Ln	<b>CITY-ST-ZIP</b> Punta Gorda, FL 33950	
<b>TITLE</b> SD	<b>NAME</b> KHUDAIRI, SAJIDA Y	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> Khudairi, Sajida Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 600 WASHINGTON ST #1	<b>CITY-ST-ZIP</b> WELLESLEY MASS,		<b>STREET ADDRESS</b> 1204-D Spanish Cay Ln	<b>CITY-ST-ZIP</b> Punta Gorda, FL 33950	
<b>TITLE</b> D	<b>NAME</b> KHUDAIRI, NABEEL	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 600 WASHINGTON ST #1	<b>CITY-ST-ZIP</b> WELLESLEY, MA		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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>					
<b>SIGNATURE:</b> <u>A. Karim Khudairi</u>			1/24/08 941-637-7808		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		