

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90086 013 ****61.25



DOCUMENT # 764598
 1. Entity Name
SPANISH LAKES COUNTRY CLUB VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
 1 LAS CASITAS
 FT PIERCE, FL 34951 US

Mailing Address
 1 LAS CASITAS
 FT PIERCE, FL 34951 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
59-2402113

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 SCHNEIDER, THOMAS
 28 AZUL
 FT. PIERCE, FL 34951

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Thomas Schneider DATE 4/17/07
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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHNEIDER, THOMAS	
STREET ADDRESS	28 AZUL	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	V	<input type="checkbox"/> Delete
NAME	REIFF, JOHN	
STREET ADDRESS	21 AZUL	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDEN, MARY	
STREET ADDRESS	28 AZUL	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FENSTERER, CAROL	
STREET ADDRESS	4 SIERRA DEL NORTE	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, ELVA	
STREET ADDRESS	58 IPANEMA WAY	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURDOFF, CLAUDIA	
STREET ADDRESS	45 SAN ROBERTO	
CITY-ST-ZIP	FORT PIERCE, FL 34951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GENEVIEVE	
STREET ADDRESS	17 DANZAR	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAZIO, GAY E.	
STREET ADDRESS	47 VILLAS DEL NORTE	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas Schneider Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR