


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90034 035 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2402113	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHNEIDER, THOMAS 28 AZUL FT PIERCE, FL 34951			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: <i>Thomas Schneider</i> THOMAS SCHNEIDER 4/7/08		Signature, typed or printed name of registered agent and title if applicable.		DATE	
10. Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, THOMAS		NAME	AUDREY MARTIN	
STREET ADDRESS	28 AZUL		STREET ADDRESS	43 SAN ROBERTO	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFF, JOHN		NAME	TONY WELLS	
STREET ADDRESS	21 AZUL		STREET ADDRESS	58 IPANEMA WAY	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADDEN, MARY		NAME	LINDA MURPHY	
STREET ADDRESS	28 AZUL		STREET ADDRESS	46-VERDE VISTA	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GENEVIEVE		NAME		
STREET ADDRESS	17 DANZAR		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ELVA		NAME		
STREET ADDRESS	58 IPANEMA WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, GAY E		NAME		
STREET ADDRESS	47 VILLAS DEL NORTE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		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: <i>Gay E. Fazio</i> GAY E. FAZIO		Date		4/7/08 772-460-1249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	