

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764598

FILED
Apr 01, 2009
Secretary of State

Entity Name: SPANISH LAKES COUNTRY CLUB VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1 LAS CASITAS
FT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

1 LAS CASITAS
FT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 59-2402113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, THOMAS
28 AZUL
FT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, AUDREY
Address: 43 SAN ROBERTO
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: WELLS, TONY
Address: 58 IPANEMA WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: MURPHY, LINDA
Address: 48 VERDE VISTA
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: SMITH, GENEVIEVE
Address: 17 DANZAR
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: FAZIO, GAY E
Address: 47 VILLAS DEL NORTE
City-St-Zip: FORT PIERCE, FL 34951

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COULLING, DARLENE
Address: 2 JOSE MARTIN
City-St-Zip: FORT PIERCE, FL 34951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KELLY, JOYCE
Address: 20 SIERRA DEL NORTE
City-St-Zip: FORT PIERCE, FL 34951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: THIBAUT, COLLEEN
Address: 75 CALLE DE LAGOS
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAY E. FAZIO

T

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date