

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 003 ****61.25

DOCUMENT # 766773 1. Entity Name SPANISH OAKS TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 4621 CALLE ARENOSO PENSACOLA, FL 32514 US			Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503 US		
2. Principal Place of Business 3298 Summit Blvd. Suite, Apt. #, etc. Suite 4 City & State Pensacola, FL Zip 32503 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03182005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-2367330	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDTMAN, BILL 4625 CALLE VENTOSO PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSH, LEON P.O. BOX 10871 PENSACOLA, FL 32524 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAULKIE, LINDA 4629 CALLE VENTOSO PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Linda Falke 4629 Calle Ventoso Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, JANE 4617 CALLE AVENSO PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, AC P.O. BOX 15284 PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD A.C. Collier PO Box 15284 Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sharon Barney 4645 Calle Ventoso Pensacola, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>AC Collier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05 850-434-3585 <small>Date Daytime Phone #</small>		