

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90351 005 \*\*\*\*61.25

**DOCUMENT # 766773**

1. Entity Name  
**SPANISH OAKS TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business  
**3298 SUMMIT BLVD  
SUITE 4  
PENSACOLA, FL 32503 US**

Mailing Address  
**3298 SUMMIT BLVD  
SUITE 4  
PENSACOLA, FL 32503 US**

**60029210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2367330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O  
3298 SUMMIT BLVD  
SUITE 4  
PENSACOLA, FL 32503**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDTMAN, BILL	
STREET ADDRESS	4625 CALLE VENTOSO	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARNEY, SHARON	
STREET ADDRESS	4645 CALLE VENTOSO	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FALKE, LINDA	
STREET ADDRESS	4629 CALLE VENTOSO	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NELSON, JANE	
STREET ADDRESS	4617 CALLE AVENSO	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLIER, AC	
STREET ADDRESS	P O BOX 15284	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Mary	
STREET ADDRESS	4621 Calle Ventoso	
CITY - ST - ZIP	Pensacola, FL 32514	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simandira, Stephen	
STREET ADDRESS	4611 Calle Ventoso	
CITY - ST - ZIP	Pensacola, FL 32514	
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:**

*AC Collier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/06*

Date

*850-438-3585*

Daytime Phone #