

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 770712					
1. Entity Name SPINNAKER COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4844 PENSACOLA, FL 32507			Mailing Address P.O. BOX 4844 PENSACOLA, FL 32507		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02242006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2366249				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		
BULLOCK, RONALD L. 612 S FIRST STREET SUITE 35 PENSACOLA, FL 32507			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		U000000482164 04/11/06-80064-022 61.25			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME TRAHART, RICHARD STREET ADDRESS 612 S FIRST ST # 26 CITY-ST-ZIP PENSACOLA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE VP NAME RAJ, ENIL STREET ADDRESS 612 S FIRST ST # 25 CITY-ST-ZIP PENSACOLA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE S NAME MCWETHY, SCOTT STREET ADDRESS 612 S FIRST ST # 32 CITY-ST-ZIP PENSACOLA, FL 32507	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE T NAME BULLACK, RONALD L STREET ADDRESS 612 S FIRST ST # 21 CITY-ST-ZIP PENSACOLA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE DS NAME WHITE, BILL STREET ADDRESS 612 S FIRST ST # 33 CITY-ST-ZIP PENSACOLA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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 changed, or on an attachment with an address, with an officer like empowered.					
SIGNATURE: _____			3-3-06 80-576-096		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		