

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90164 006 ****61.25

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

40000000



03292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BULLOCK, RONALD L.
612 S FIRST STREET
SUITE 35
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	TRAHART, RICHARD	STREET ADDRESS	612 S FIRST ST #26	CITY-ST-ZIP	PENSACOLA, FL
			BILL WHITE		612 S. First St. # 33		Pensacola, Fla
TITLE	VP	NAME	RAJ, ENH	STREET ADDRESS	612 S FIRST ST #26	CITY-ST-ZIP	PENSACOLA, FL
			Ken Hester		612 S. First St. # 35		Pensacola, Fla.
TITLE	S	NAME	MGWETHY, SCOTT	STREET ADDRESS	612 S FIRST ST # 32	CITY-ST-ZIP	PENSACOLA, FL 32507
			Claudia Simmons		612 S. First St. # 37		Pensacola, Fla
TITLE	T	NAME	BULLACK, RONALD L	STREET ADDRESS	612 S FIRST ST #21	CITY-ST-ZIP	PENSACOLA, FL
					# 36		
TITLE	DS	NAME	WHITE, BILL	STREET ADDRESS	612 S FIRST ST # 33	CITY-ST-ZIP	PENSACOLA, FL
			GERALD POTTER		612 S. First St. # 34		Pensacola, Fla.
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X Ron Bullock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-30-07 850-576-0963
Date Daytime Phone #

Ron Bullock