2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# 770712

Entity Name: SPINNAKER COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4844
PENSACOLA, FL 32507

New Principal Place of Business:

612 SOUTH 1ST. STREET
SUITE 50
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 4844
PENSACOLA, FL 32507

New Mailing Address:

612 SOUTH 1ST. STREET
SUITE 50
PENSACOLA, FL 32507

FEI Number: 59-2366249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BULLOCK, RONALD L.
612 S FIRST STREET
SUITE 35
PENSACOLA, FL 32507 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:	DS	( ) Delete
Name:	POTTER, GERALD	
Address:	612 S FIRST ST #34	
City-St-Zip:	PENSACOLA, FL	
Title:	VP	( ) Delete
Name:	HESTER, KEN	
Address:	612 S FIRST ST #35	
City-St-Zip:	PENSACOLA, FL	
Title:	S	( ) Delete
Name:	SIMMONS, CLAUDIA	
Address:	612 S FIRST ST #37	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	T	( ) Delete
Name:	BULLACK, RONALD L	
Address:	612 S FISRST ST #36	
City-St-Zip:	PENSACOLA, FL	
Title:	P	( ) Delete
Name:	WHITE, BILL	
Address:	612 S FIRST ST # 33	
City-St-Zip:	PENSACOLA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BILL WHITE P 06/30/2008

Electronic Signature of Signing Officer or Director — Date