

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 048 ****61.25

DOCUMENT # N00000005882 1. Entity Name THE GARDENS AT SPANISH TRAIL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503		Mailing Address 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503	
2. Principal Place of Business - No P.O. Box # 908 Hardengate Circle Suite, Apt. #, etc.		3. Mailing Address 908 Hardengate Circle Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32504	Country Ecuador	Zip 32504	Country Ecuador
4. FEI Number 59-3694962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Hardengate Circle City Pensacola FL Zip Code 32504	
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.</small>		DATE 4/18/08 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME LEE, MICHELLE STREET ADDRESS 5880 A SPANISH TRL CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE TD NAME Lee, Michelle STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME WEATHERFORD, BILL STREET ADDRESS 5870-D SPANISH TRAIL CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WALKER, NOOJIN STREET ADDRESS 7546 NORTH POINTE BLVD. CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SJOBERG, DAVID STREET ADDRESS 5880-D SPANISH TRAIL CITY-ST-ZIP PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE D NAME Sjoberg, David STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SHRINE, JOANN STREET ADDRESS 5890 A SPANISH TRL CITY-ST-ZIP PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE VPD NAME Shrine, Joann STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE SD NAME Maccham, Gayle STREET ADDRESS 5860 H Spanish Trail CITY-ST-ZIP Pensacola FL 32504	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/18/08 <small>Date</small>	
		Daytime Phone #	