

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 016 ****61.25

DOCUMENT # N01000001340					
1. Entity Name SPANISH KEY CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 17287 PERDIDO KEY CIR PENSACOLA, FL 32507 US			Mailing Address 8955 HWY 98 WEST SUITE 102 DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 546 Mary Esther Cut-off			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3			
City & State		City & State Ft Walton Beach, FL		4. FEI Number 59-3706383	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32548		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR 348 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</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 PD	NAME LONG, SUSAN	<input type="checkbox"/> Delete	TITLE D	NAME Johnson, Don	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 901 GLENWOOD TERR.	CITY-ST-ZIP ANNISTON, AL 36207		STREET ADDRESS 105 Regency Place	CITY-ST-ZIP West Monroe, LA 71291	
TITLE T	NAME SCHEIBER, SAMUEL	<input type="checkbox"/> Delete	TITLE Cocgin, Michael	NAME 8585 Nolandwood Lane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10310 MYSTIC MEADOW WAY	CITY-ST-ZIP OAKTON, VA 22124		STREET ADDRESS Villa Rica, GA	CITY-ST-ZIP 30180	
TITLE STD	NAME DIKET, READ	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 805 NORTH 6TH AVE NE	CITY-ST-ZIP LAUREL, MS 39440		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VD	NAME PETTY, MICKEY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 137 COVEY CHASE	CITY-ST-ZIP TUSCALOOSA, AL 35406		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MONROSE, BLAKE M	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 11632	CITY-ST-ZIP JACKSON, TN 38308		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					