

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004597

FILED
Jun 02, 2006
Secretary of State

Entity Name: SPANISH OAKS HOMEOWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

105 SPANISH OAKS LANE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1093 A1A BEACH BLVD
PMB 557
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 65-1123826 **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:

CHAMBERS, BRUCE D
105 SPANISH OAKS LANE
ST. AUGUSTINE, FL 32080 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: TD () Delete
Name: CHAMBERS, BRUCE D
Address: 105 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PD () Delete
Name: CECCANESE, GEORGE
Address: 125 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD () Delete
Name: ROBINSON, WENDYANNE
Address: 621 SABAL LAKE DRIVE, APT 205
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: ROWLEY, WILLIAM
Address: 109 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPD (X) Delete
Name: SARRIS, VICTOR
Address: 124 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROWLEY, WILLIAM
Address: 109 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD (X) Change () Addition
Name: CECCANESE, GEORGE
Address: 125 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD (X) Change () Addition
Name: WILSON, CAROLE
Address: 117 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

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 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: GEORGE CECCANESE

TD

06/02/2006

Electronic Signature of Signing Officer or Director

Date