

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01757

FILED
May 04, 2007
Secretary of State

Entity Name: SPANISH PLAZA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% CHARLES L. BELOTE & ASSOCIATES
P.A. CPA 350 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 321695233

New Principal Place of Business:

SPANISH PLAZA
638 EAST THIRD AVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

% CHARLES L. BELOTE & ASSOCIATES
P.A. CPA 350 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 321695266

New Mailing Address:

SPANISH PLAZA
638 EAST THIRD AVE
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-2553602 **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:

Name and Address of New Registered Agent:

TREGO, HEATHER
628 THIRD AVE.
NEW SMYRNA BEACH, FL 32169 US

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: VP () Delete
Name: SAMPLES, J.S. D.C.
Address: 622 3RD AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST () Delete
Name: TREGO, HEATHER L
Address: 628 3RD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P () Delete
Name: BROWN, SCOTT
Address: 1909 S RIVERSIDE CIR.
City-St-Zip: NEW SMYRNA BCH, FL 32141

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:

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: SCOTT BROWN

PRES

05/04/2007

Electronic Signature of Signing Officer or Director

Date