# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2008 8:00 am**
**Secretary of State**
02-22-2008 90013 005 ****61.25

DOCUMENT # N02000008766

1. Entity Name
SPINNAKER COVE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

66003979

| Principal Place of Business | Mailing Address |
|---|---|
| 2637 MCCORMICK DRIVE<br>CLEARWATER, FL 33759-1046 US | 2637 MCCORMICK DRIVE<br>CLEARWATER, FL 33759-1046 US |

01072008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 5008 W Linebaugh | 5008 W Linebaugh |
| Suite, Apt. #, etc. Suite 15 | Suite, Apt. #, etc. Suite 15 |
| City & State Tampa FL 33624 | City & State Tampa FL |
| Zip 33624 County Hillsb | Zip 33624 Country Hillsb |

4. FEI Number 59-3762456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FLOWERS, G.E<br>2637 MCCORMICK DR<br>CLEARWATER, FL 33759 | Name AWIO Property Management<br>Street Address (P.O. Box Number is Not Acceptable) 5008 W Linebaugh #15<br>City Tampa FL Zip Code 33624 |

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 _____ 2-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FLOWERS, GAIL E<br>2637 MCCORMICK DRIVE<br>CLEARWATER, FL 33759 | ☒ Delete | P<br>Arthur Bade<br>5008 W Linebaugh #15<br>Tampa FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MILLER, LARRY<br>2637 MCCORMICK DRIVE<br>CLEARWATER, FL 33759 | ☒ Delete | VP<br>Rick Waltrip<br>5008 W Linebaugh #15<br>Tampa FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>ELLIS, JESSICA<br>2637 MCCORMICK DR<br>CLEARWATER, FL 33759 | ☒ Delete | S<br>Dorothy Patrick<br>5008 W Linebaugh #15<br>Tampa FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>Fred Hephnstall<br>5008 W Linebaugh #15<br>Tampa FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Jack Way<br>5008 W Linebaugh #15<br>TAMPA FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** _____ 2-12-08 813-868-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #