


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 11 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006397 1. Entity Name ESPANITA OWNERS' ASSOCIATION, INC.					
Principal Place of Business 414 OLD HARD ROAD SUITE 201 ORANGE PARK, FL 32003-3408			Mailing Address 414 OLD HARD ROAD SUITE 201 ORANGE PARK, FL 32003-3408		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOD, SUSAN D 414 OLD HARD ROAD SUITE 201 ORANGE PARK, FL 32003-3408				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 6, 2006			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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, SUSAN D		NAME		
STREET ADDRESS	414 OLD HARD ROAD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 320033408		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SHIRLEY C		NAME	allan Johnson	
STREET ADDRESS	414 OLD HARD ROAD, SUITE 201		STREET ADDRESS	16 seascape circle	
CITY-ST-ZIP	ORANGE PARK, FL 320033408		CITY-ST-ZIP	St Augustine FL 32080	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	Sec/Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, SANDRA		NAME	Marshall S. Bailey	
STREET ADDRESS	414 OLD HARD ROAD, SUITE 201		STREET ADDRESS	75 San marco ave.	
CITY-ST-ZIP	ORANGE PARK, FL 320033408		CITY-ST-ZIP	St. Augustine FL 32084	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS JR, MABRY CFO		NAME		
STREET ADDRESS	414 OLD HARD ROAD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 320033408		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Marshall S. Bailey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-10-06 904-810-1002 <small>Date Daytime Phone #</small>		