

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90055 014 \*\*\*\*61.25

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

40053113



2. Principal Place of Business - No P.O. Box #  
5455 AIA SOUTH  
Suite, Apt. #, etc.

3. Mailing Address  
5455 AIA SOUTH  
Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State  
ST. AUGUSTINE, FL.

City & State  
ST. AUGUSTINE FL.

4. FEI Number  
20-0145910

Applied For  
Not Applicable

Zip  
32080

Country

Zip  
32080

Country

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

## 6. Name and Address of Current Registered Agent

WOOD, SUSAN D  
414 OLD HARD ROAD  
SUITE 201  
ORANGE PARK, FL 32003-3408

## 7. Name and Address of New Registered Agent

Name MAY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
5455 AIA SOUTH  
City ST. AUGUSTINE FL Zip Code 32080

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

*Cynthia D. Hill*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/27/07

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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

TITLE PD  
NAME WOOD, SUSAN D  
STREET ADDRESS 414 OLD HARD ROAD, SUITE 201  
CITY-ST-ZIP ORANGE PARK, FL 320033408 ☐ Delete

TITLE VP  
NAME JOHNSON, ALLAN  
STREET ADDRESS 16 SEASCAPE CIR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080 ☐ Delete

TITLE ST  
NAME BAILEY, MARSHALL S  
STREET ADDRESS 75 SAN MARCO AVE.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Allen Johnson VP 4-4-07*

Date

Daytime Phone #