

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006397

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** ESPANITA OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

414 OLD HARD ROAD - SUITE 502  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

414 OLD HARD ROAD - SUITE 502  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 20-0145910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDIAN PROPERTY MANAGEMENT, LLC  
414 OLD HARD ROAD - SUITE 502  
FLEMING ISLAND, FL 32003 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:** PD  
**Name:** WOOD, SUSAN D  
**Address:** 414 OLD HARD ROAD, SUITE 502  
**City-St-Zip:** FLEMING ISLAND, FL 32003

**Title:** VP  
**Name:** JOHNSON, ALLAN  
**Address:** 414 OLD HARD ROAD, SUITE 502  
**City-St-Zip:** FLEMING ISLAND, FL 32003

**Title:** ST  
**Name:** BAILEY, MARSHALL S  
**Address:** 414 OLD HARD ROAD, SUITE 502  
**City-St-Zip:** FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

**SIGNATURE:** SUSAN D WOOD

PD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date