


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 021 ****61.25

DOCUMENT # N03000006863					
1. Entity Name SPANISH HIGHLANDS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4599C SPANISH TRAIL PENSACOLA, FL 32504 US			Mailing Address 4599C SPANISH TRAIL PENSACOLA, FL 32504 US		
2. Principal Place of Business 3500 ROTHSCHILD DRIVE		3. Mailing Address 3500 ROTHSCHILD DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 51-0482928	
Zip 32503		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HINSON, JAMES H 4599C SPANISH TRAIL PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name CREEL, BRIAN S. Street Address (P.O. Box Number is Not Acceptable) 3500 ROTHSCHILD DRIVE City PENSACOLA FL 32503		
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 <u>Brian S. Creel</u> BRIAN S. CREEL, CHAIRMAN, BOARD OF DIRECTORS 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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 P NAME HINSON, JAMES H STREET ADDRESS 4599C SPANISH TRAIL CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		TITLE C/D NAME BRIAN S. CREEL STREET ADDRESS 3500 ROTHSCHILD DRIVE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S-T NAME HINSON, LINDA C STREET ADDRESS 4599C SPANISH TRAIL CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		TITLE D NAME ROXANNE CRAMER STREET ADDRESS 1617 KALA KAUA CT. CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME SCOTT ARNOLD STREET ADDRESS 3352 VILLAGE GREEN DRIVE CITY-ST-ZIP PENSACOLA, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Brian S. Creel</u> BRIAN S. CREEL, CHAIRMAN, BOARD OF DIRECTORS 4/20/06 850-916-3514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					