

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006863

1. Entity Name
**SPANISH HIGHLANDS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**3500 ROTHSCHILD DRIVE
PENSACOLA, FL 32503 US**

Mailing Address
**3500 ROTHSCHILD DRIVE
PENSACOLA, FL 32503 US**



04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0482928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CREEL, BRIAN S
3500 ROTHSCHILD DRIVE
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CREEL, BRIAN S
3500 ROTHSCHILD DRIVE
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAMER, ROXANNE
1617 KALA KAUA CT.
GULF BREEZE, FL 32563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SINGLETON, GREG
5440 SPANISH HIGHLANDS DRIVE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000919986
05/14/08-80025-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Brian S. Creel
BRIAN S. CREEL

4-22-08

850-444-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #