

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000966

FILED
Mar 10, 2005
Secretary of State

Entity Name: SPANISH RIVER LACROSSE, INC.

Current Principal Place of Business:

% PERRY & KERN, P.A.
50 SE FOURTH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

% PERRY & KERN, P.A.
50 SE FOURTH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 51-0493717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, MARK A
% PERRY & KERN, P.A.
50 SE FOURTH AVE
DELRAY BEACH, FL 33483 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 () Delete
Name: ALLEN, BILL
Address: 50 SE FOURTH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD () Delete
Name: KANE, CHRIS
Address: 50 SE FOURTH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete
Name: PERRY, MARK A
Address: 50 SE FOURTH AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL ALLEN

PD

03/10/2005

Electronic Signature of Signing Officer or Director

Date