



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90092 049 \*\*\*\*61.25

<b>DOCUMENT # N04000004554</b> 1. Entity Name <b>SPYGLASS WEST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>931 STRATFORD PLACE MELBOURNE, FL 32904</b>			Mailing Address <b>931 STRATFORD PLACE MELBOURNE, FL 32904</b>		
2. Principal Place of Business <b>645 CLASSIC COURT</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>MELBOURNE, FL</b> Zip <b>32940</b> Country <b>USA</b>		3. Mailing Address <b>P.O. Box 410008</b> Suite, Apt. #, etc. City & State <b>MELBOURNE, FL</b> Zip <b>32941</b> Country <b>USA</b>		<div style="font-size: 24px; font-weight: bold;">50011202</div> 	
01282005 Chg-NP CR2E037 (10/03)				4. FEI Number <b>20-1511095</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name <b>GARY POWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>588 LAKE VICTORIA CIRCLE</b> City <b>MELBOURNE</b> FL Zip Code <b>32940</b>		
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>Gary Powell</u> <b>GARY POWELL, PRESIDENT</b> 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>DP</b> NAME <b>RICHARDSON, BARRY F</b> STREET ADDRESS <b>931 STRATFORD PLACE</b> CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>DP</b> NAME <b>GARY POWELL</b> STREET ADDRESS <b>588 LAKE VICTORIA CIRCLE</b> CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>DST</b> NAME <b>KENDUST, RICK A</b> STREET ADDRESS <b>7630 N WICKHAM ROAD STE 102</b> CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>DV</b> NAME <b>JOHN HALEY</b> STREET ADDRESS <b>1424 ARUNDEL WAY</b> CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>DV</b> NAME <b>SPENCER, GARY</b> STREET ADDRESS <b>806 SPANISH WELLS DRIVE</b> CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>DST</b> NAME <b>LINDA HUGHES</b> STREET ADDRESS <b>1980 N. ATLANTIC AVE.</b> CITY-ST-ZIP <b>COCOA BEACH, FL 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>TOOLEY, DAVID R</b> STREET ADDRESS <b>653 CANDLEWOOD WAY</b> CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>KEVIN MARRS</b> STREET ADDRESS <b>2585 TURTLE MOUND RD.</b> CITY-ST-ZIP <b>MELBOURNE, FL 32937</b>	<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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Gary Powell</u> <b>GARY POWELL, P.</b> 1/31/05 321-255-5878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					