

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004554

FILED
Feb 11, 2009
Secretary of State

Entity Name: SPYGLASS WEST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 CLASSIC COURT
SUITE 103
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410008
MELBOURNE, FL 32941

New Mailing Address:

645 CLASSIC COURT
SUITE 102
MELBOURNE, FL 32941

FEI Number: 20-1511095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, GARY
1323 VESTAVIA CIRCLE
MELBOURNE, FL 32940 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: DP () Delete
Name: POWELL, GARY
Address: 588 LAKE VICTORIA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MARRS, KEVIN
Address: 2585 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: GARY POWELL

DP

02/11/2009

Electronic Signature of Signing Officer or Director

Date