2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2007 8:00 am Secretary of State 01-30-2007 90009 041 ****61.25

DOCUMENT # N0400009310 1. Entity Name SPICEWOOD OWNERS ASSOCIATION, INC.								01-30-200)/ 9000s	9 041 ***	****61.25
Principal Place of Business Mailing Address 3233 COMMERCE PLACE 14275 SW 142 AVENUE SUITE C MIAMI, FL 33186 WEST PALM BEACH, FL 33407							A (Red)(På \$() 4 877) (FIRM RRMI RRDI RRI	M 88% 8618 (1 40 aug 1170 a	1871Pi 61 1861
2. Principal Place of Business - No P.O. Box # 3. Ma 14275 GW 142 AVE			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042007 Ci	ng-NP	CR2E0	37 (12/06)	
City & Stat	al, FL	City	City & State				4. FEI Number 20-2596928				Applied For lot Applicable
Zip Country U.S.		Zip			intry	5. Certificate of Status D		atus Desired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registere	d Agent		Name		7. Name and Add	ress of New R	tegistered :	Agent	
TRIAY, CARLOS A ESQ											
3750 NW 87 AVE STE 100 DORAL, FL 33178					Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Co	de
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. 2/22 b Z											
SIGNATURE Signature, typed or provided name of registered agent and table if applicable (MOTE: Registated Agent signature required when remarkung) DATE											
Filing Fee to \$61.25 Due by May 1, 2007 9. Election Campaign in Trust Fund Contribution					_		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS			11.			DDITIONS/CHANG	ES TO OFFICE	RS AND DI		
TITLE NAME	PD [] Toles: DAVID, WEBBER PD			TITLE		DIAZ	LITEUL,			☐ Change	Addition
STREET ADDRESS					ET ADDRESS		75 sw 142/	LVE			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	<u> </u>		—	-S1 - ZIP		MI, FL 83	86			
TITLE NAME	JACQUELINE, DUBOSE VP			TITLE		V70	E MUET			☐ Change	→ Kúdition
STREET ADDRESS	3233 COMMERCE PLACE, SUITE C				ET ADORESS	1427	E, JANET 15 SW 142 A	NE			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	•		CITY	- ST - ZIP		MI, FL 386	<u>د</u>			
TITLE NAME	ST MICHAEL DEBOCK ST		Detete	TITLE	1	5D	IRADO, LILLIA			☐ Change	Addition
STREET ADDRESS	•				ET ADORESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	·		CITY	-ST-ZIP		M1, FL 331	4 6			
ITTLE			Delete	TITLE		TO	LT. JOHNATH	lon		☐ Change	Addition
NAME STREET ADORESS				\$TRE	ET ADDRESS		75 SW 142 A	VE			
CITY-ST-ZIP				aty	-S1-ZIP	MIA	41, FL 351	r			
TITLE			☐ Delete	TITLE	ŀ	D	MUNEZ, WE	गाम		☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS	1427	15 SW 142 J	We.			
CITY-ST-ZIP				CITY	-ST-ZIP	MIA	MI, FL 3319	سالا			j
TITLE			☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZP						
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 817, 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.											
of the co changed	on this report or supplemental report in report or poration or the receiver or trustee emply, or on an attachment with an address,	s true and owered to with all oth	accurate and that m execute this report a er like empowered.	as tednį Maigua	ture shall h red by Cha	ave the s pter 617	ame legal effect as i , Florida Statutes; an	d that my nam	oain; inai i a e appears ii	m an office n Block 10 d	r or director or Block 11 lf