

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001181

1. Entity Name

SPIRIT HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

11 NORTH MAIN STREET
BROOKSVILLE, FL 34601

Mailing Address

11 NORTH MAIN STREET
BROOKSVILLE, FL 34601

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-2293354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKNER, ROBERT
11 NORTH MAIN STREET
BROOKSVILLE, FL 34601

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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 \$81.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKNER, ROBERT
STREET ADDRESS	11 NORTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	MANUEL, JR., CLIFFORD E
STREET ADDRESS	966 CANDLELIGHT BOULEVARD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	TALOR, MARK C
STREET ADDRESS	13209 OLD CRYSTAL RIVER ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80004-010 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Date

352-796-4544

Daytime Phone #