


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 023 ****61.25

DOCUMENT # N05000004724

1. Entity Name
 SPANISH OAKS OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1420 S FLORIDA AVE
 LAKELAND, FL 33803

Mailing Address
 1420 S FLORIDA AVE
 LAKELAND, FL 33803



2. Principal Place of Business - No P.O. Box #
 5018 Greenbrook Ln
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 5284
 Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State
 Lakeland FL

City & State
 Lakeland FL

Zip
 33811

Country
 US

Zip
 33807

Country
 US

4. FEI Number
 11-3750955

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, PAUL SEAN
 1420 S FLORIDA AVE
 LAKELAND, FL 33803

7. Name and Address of New Registered Agent


Name
 Kay Elliott

Street Address (P.O. Box Number is Not Acceptable)
 5018 Greenbrook Ln

City
 Lakeland

FL Zip Code
 33811

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:  DATE: 4/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPER, PAUL SEAN 1420 S FLORIDA AVE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARPER, ROBERT F III 1420 S FLORIDA AVE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REEBER, CHARLES H 5902 BRECKENRIDGE PKWY STE B TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tom Bonzella 5127 Spanish Oaks Dr Lakeland FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP Barbara Griffith 5154 Spanish Oaks Dr Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS John Pine 5060 Spanish Oaks Blvd Lakeland FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Margaret Jones 5116 Spanish Oaks Dr Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Brassing 5012 Spanish Oaks Blvd Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kellie Hatfield 5119 Spanish Oaks Dr Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE: 4/10/07 DAYTIME PHONE #: 963-647-1739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR