


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90036 036 ****61.25

DOCUMENT # N07000006234	
1. Entity Name SPYGLASS VILLAS II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034	Mailing Address PO BOX 3000 AMELIA ISLAND, FL 32035
--	---

CODE **300000689**

RECD AIM

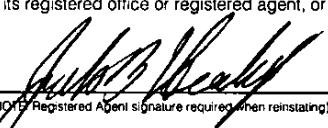


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number 51-0638858		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Jack B. Healan, Jr. Street Address (P.O. Box Number is Not Acceptable) 3000 First Coast Hwy City Amelia Island, FL Zip Code 32034

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 Jack B. Healan, Jr.  DATE 3/12/08

Signature of registered agent and title if applicable. (Not Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAY, S. NORMAN PO BOX 3000 AMELIA ISLAND, FL 320351307 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED PAGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOORE, WILLIAM R PO BOX 3000 AMELIA ISLAND, FL 320351307 <input checked="" 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	DST PALMISANO, LAURA PO BOX 3000 AMELIA ISLAND, FL 320351307 <input checked="" 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	AS COMMANDER, CHARLES E PO BOX 3000 AMELIA ISLAND, FL 320351307 <input checked="" 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
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 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: Thomas Avant  2/14/08 261-6859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50000689
N07000006234

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT – PAGE 2

Document # N07000006234

SPYGLASS VILLAS OWNERS ASSOCIATION, INC.

11. OFFICERS AND DIRECTORS - CHANGES:

**PRESIDENT
and Director:**

Thomas G. Avant
6522 Spyglass Circle
Amelia Island, FL 32034

**VICE PRESIDENT
and Director:**

T. Wayne McCormack
2526 Mt. Vernon Road
Suite B-459
Atlanta, GA 30338

**TREASURER/SECRETARY
and Director:**

Gary B. Schneider
4437 SW 91st Drive
Gainesville, FL 32608

ADDITIONS: