

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 032 ****61.25

DOCUMENT # N07205					
1. Entity Name SPANISH LAKES PARK HOME OWNERS OF NOKOMIS, INC.					
Principal Place of Business 1340 N TAMiami TRAIL C/O ROBERT W. JARRETT NOKOMIS, FL 34275 US			Mailing Address 1340 N TAMiami TRAIL C/O ROBERT W. JARRETT NOKOMIS, FL 34275 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2645328	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, WM A 297 LA COSTA STREET NOKOMIS, FL 34275			Name <u>Gerald Maxey</u> Street Address (P.O. Box Number is Not Acceptable) <u>185 SANIBEL</u> City <u>NOKOMIS</u> FL Zip Code <u>34275</u>		
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: <u>Gerald Maxey</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD NAME JARRETT, ROBERT W. STREET ADDRESS 337 DESOTO ST CITY-ST-ZIP NOKOMIS, FL	<input type="checkbox"/> Delete		TITLE Secretary/Director NAME NANCY MILLER STREET ADDRESS 193 SPANISH LAKES DR CITY-ST-ZIP NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JARVIS, MARY JO STREET ADDRESS 224 SPANISH LAKES DR CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete		TITLE Vice President/Director NAME GERALD MAXEY STREET ADDRESS 185 SANIBEL CITY-ST-ZIP NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME KING, JAMES M H STREET ADDRESS 190 SPANISH LAKES DR. CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE Director NAME MATT WENGLER STREET ADDRESS 354 SANTA CRUZ CITY-ST-ZIP NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GRISMER, PAUL O. STREET ADDRESS 11 BOCA CIEGA CITY-ST-ZIP NOKOMIS, FL	<input type="checkbox"/> Delete		TITLE Director NAME JOHN STOUT STREET ADDRESS 343 SANTA CRUZ CITY-ST-ZIP NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BROWN, WILLIAM STREET ADDRESS 297 LACOSTA STREET CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME KOLTVEDT, ROBERT STREET ADDRESS 303 DESOTO STREET CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James H King</u> 1-24-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					