

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 003 ****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 76 LA COSTA C/O ROBERT W. JARRETT NOKOMIS, FL 34275 US
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2. Principal Place of Business 1340 N. TAMiami Trail		3. Mailing Address 76 LA COSTA	
Suite, Apt. #, etc. C/O CLAIRe NOLAN		Suite, Apt. #, etc. C/O CLAIRe NOLAN	
City & State NOKomis, FL 34275		City & State NOKomis FL	
Zip 34275	Country U.S.	Zip 34275	Country U.S.

02202006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2645328	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 MAXEY, GERALD 185 SANIBEL NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB- VP Director JARRETT, ROBERT W. 337 DESOTO ST NOKOMIS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Barbara Koehler 105 CAPTIVA NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, NANCY 1935 SPANISH LAKES DRIVE NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Larry Tinsley 20 BOCA CIEGA NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, JAMES H 190 SPANISH LAKES DR. NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director CLAIRe NOLAN 76 LA COSTA NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISMER, PAUL O. 11 BOCA CIEGA NOKOMIS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PAUL Fish 9 BOCA CIEGA NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Director MAXEY, GERALD 185 SANIBEL NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don McConville 102 CAPTIVA NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLTVEDT, ROBERT 303 DESOTO STREET NOKOMIS, FL 34275 <input checked="" 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: Gerald H. King 3/1/2006 941-485-7106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #