

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 024 ****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 CLAIRE NOLAN
NOKOMIS FL 34275
US

Mailing Address

76 LA COSTA
C/O CLAIRE NOLAN
NOKOMIS FL 34275
US



2. Principal Place of Business - No P.O. Box #

1340 N. TAMiami TRAIL

Suite, Apt. #, etc.

C/O LARRY TINSLEY

City & State
NOKomis FL.

Zip
34275

Country
U.S.

3. Mailing Address

20 BOCA CIEGA

Suite, Apt. #, etc.

C/O LARRY TINSLEY

City & State
NOKomis, FL.

Zip
34275

Country
U.S.

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2645328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 FISH, PAUL

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

9 BOCA CIEGA

City
NOKOMIS,

FL

Zip Code
34275

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 reappointing)

DATE

FILE NOW: 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 VPD ☒ Delete
NAME JARRETT, ROBERT W.
STREET ADDRESS 337 DESOTO ST
CITY-STATE-ZIP NOKOMIS FL

TITLE SD ☒ Delete
NAME KREHLER, BARBARA
STREET ADDRESS 105 CAPTIVA
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE P D ☐ Delete
NAME TINSLEY, LARRY
STREET ADDRESS 20 BOCA CIEGA
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE V PD ☐ Delete
NAME NOLAN, CLAIRE
STREET ADDRESS 76 LA COSTA
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE I D ☐ Delete
NAME FISH, PAUL
STREET ADDRESS 9 BOCA CIEGA
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE D ☒ Delete
NAME MCCENVILLE, DON
STREET ADDRESS 102 CAPTIVA
CITY-STATE-ZIP NOKOMIS FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME KING, JAMES
STREET ADDRESS 190 SPANISH LAKES DR.
CITY-STATE-ZIP NOKOMIS, FL. 34275

TITLE D ☐ Change ☒ Addition
NAME McCONVILLE, DON
STREET ADDRESS 102 CAPTIVA
CITY-STATE-ZIP NOKOMIS, FL 34275

TITLE S ☐ Change ☒ Addition
NAME KOSLOWSKI, PERRY
STREET ADDRESS 117 BOCA CIEGA
CITY-STATE-ZIP NOKOMIS, FL. 34275

TITLE D ☐ Change ☒ Addition
NAME HICKOX, DIANE
STREET ADDRESS 152 SANIBEL
CITY-STATE-ZIP NOKOMIS, FL. 34275

TITLE D ☐ Change ☒ Addition
NAME KNUVEEN, JANE
STREET ADDRESS 158 SANIBEL
CITY-STATE-ZIP NOKOMIS, FL 34275

TITLE D ☐ Change ☒ Addition
NAME ROWLAND, TOM
STREET ADDRESS 368 SPANISH LAKES DR.
CITY-STATE-ZIP NOKOMIS, FL. 34275

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-27-07

Date

941-412-0750

Daytime Phone #