## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07205

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

NOLAN, CLAIRE

NOKOMIS, FL 34275

NOKOMIS, FL 34275

KOSLOWSKI, PERRY

NOKOMIS, FL 34275

117 BOCA CIEGA

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76 LA COSTA

FISH, PAUL

9 BOCA CIEGA

FILED Mar 18, 2009 Secretary of State

Entity Name: SPANISH LAKES PARK HOME OWNERS OF NOKOMIS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1340 N TAMIAMI TRAIL 1340 N TAMIAMI TRAIL C/O LARRY TINSLEY C/O THOMAS ROWLAND NOKOMIS, FL 34275 US NOKOMIS, FL 34275 New Mailing Address: **Current Mailing Address:** 20 BOCA CIEGA 368 SPANISH LAKES DRIVE C/O LARRY TINSLEY C/O THOMAS ROWLAND NOKOMIS, FL 34275 US NOKOMIS, FL 34275 FEI Number: 59-2645328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISH, PAUL ROWLAND, THOMAS 368 SPANISH LAKES DRIVE 9 BOCA CIEGA NOKOMIS, FL 34275 NOKOMIS, FL 34275 US 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. SIGNATURE: THOMAS ROWLAND 03/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KING, JAMES Name: Name: 190 SPANISH LAKES DR Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete MCCONVILLA, DON Name: MCCONVILLE, DON Name: Address: 102 CAPTIVA Address: 102 CAPTIVA City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 Title: () Delete Title: (X) Change ( ) Addition TINSLEY, LARRY ROWLAND, THOMAS Name: Name: 20 BOCA CIEGA 368 SPANISH LAKES DRIVE Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: THOMAS ROWLAND P 03/18/2009

SCHONAUER, KATHLEEN

(X) Change ( ) Addition

(X) Change ( ) Addition

NOKOMIS, FL 34275

NOKOMIS, FL 34275

WOOD, ROBERTA

NOKOMIS, FL 34275

336 DESOTO

147 SANIBEL

TRENT, JOE

26 SAN CARLOS