2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000002355

Entity Name: SPINNAKER POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901

New Principal Place of Business:

10 SPINNAKER POINT CT.
INDIAN HARBOUR BCH, FL 32937

Current Mailing Address:

930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901

New Mailing Address:

10 SPINNAKER POINT CT.
INDIAN HARBOUR BCH, FL 32937

FEI Number: 26-4709223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

PALMER, CHARLES E
10 SPINNAKER POINT CT.
INDIAN HARBOUR BCH, FL 32937 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: CHARLES E. PALMER, TREASURER 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIRSCHNER, ANDREW
Address: 9 SPINNAKER POINT CT.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: D ( ) Delete
Name: MCKINNEY, MICHELLE
Address: 17 SPINNAKER POINT CT.
City-St-Zip: INDIAN HARBOR BCH, FL 32937

Title: D ( ) Delete
Name: THOMAS, WADE
Address: 14 SPINNAKER POINT CT.
City-St-Zip: INDIAN BCH, FL 32937

Title: D ( ) Delete
Name: PALMER, CHARLES E
Address: 10 SPINNAKER POINT CT.
City-St-Zip: INDIAN BCH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WADE M. THOMAS, SECRETARY D 04/21/2009
Electronic Signature of Signing Officer or Director Date