

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08983

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** SPANISH GARDENS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

26750 SPANISH GARDEN DR SE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

26750 SPANISH GARDEN DR SE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 65-0085700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BRADFORD  
26750 SPANISH GARDENS DR.  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

CROWE, DIANE  
26750 SPANISH GARDENS DR.  
BONITA SPRINGS, FL 34135 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: DIANE CROWE

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MORRIS, ELIZABETH M  
Address: 11194 LA CORUNA LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: C ( ) Delete  
Name: CROWE, DIANE  
Address: 26854 SPANISH GARDENS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: LEAHY, JAMES F  
Address: 11220 SAN SEBASTIAN LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Delete  
Name: KROHN, RICHARD  
Address: 26833 SPANISH GARDENS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: COPELAND, DAVID  
Address: 26848 SPANUCH GARDENS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV ( ) Delete  
Name: CIVETTE, JOHN  
Address: 26956 SPANISH GARDENS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:

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: DIANE CROWE

C

01/14/2009

Electronic Signature of Signing Officer or Director

Date