


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N18572
 1. Entity Name
 SPANISH LAKES FAIRWAY SERVICE CORPORATION



Principal Place of Business: 8000 SOUTH, US 1, STE #402, PORT ST. LUCIE, FL 34952
 Mailing Address: 8000 SOUTH, US 1, STE #402, PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2826008
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEWMAN, HARVEY A
 8000 SO US #1 STE 402
 PT ST LUCIE, FL 33495

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: WYNNE, JOEL F. STREET ADDRESS: 8000 S US 1, STE 402 CITY-ST-ZIP: PORT ST. LUCIE, FL
TITLE: D NAME: SERGE, CHARLES STREET ADDRESS: 8000 S US 1, SUITE 402 CITY-ST-ZIP: PORT SAINT LUCIE, FL 34952
TITLE: STD NAME: NEWMAN, HARVEY STREET ADDRESS: 8000 S US 1, STE 402 CITY-ST-ZIP: PORT ST. LUCIE, FL
TITLE: D NAME: TURCO, RUDY STREET ADDRESS: 8000 S US 1, STE 402 CITY-ST-ZIP: PT ST. LUCIE, FL
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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 02/15/05-80047-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harvey A. Newman
 Date: 2/8/05 (772) 878-5513
 Daytime Phone #