


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N23556 1. Entity Name OTTER RUN HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 220 OTTER RUN DR FERNANDINA BEACH, FL 32034 US	Mailing Address P.O. BOX 15282 FERNANDINA BEACH, FL 32035 US
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3311231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPEDALIERE, CARMINE 4281 HICKORY PLACE FERNANDINA BCH, FL 32034
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IN THIS SPACE**

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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTYRE, ROBERT 220 OTTER RUN DR. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRY, GREG 397 OTTER RUN DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMBRUSTER, JOHN 4296 MAPLE COURT FERNANDINA BCH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEDALIERE, CARMINE 4281 HICKORY PLACE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, DARIA 246 PALMETTO TRL FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000868928
04/09/08-80027-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Carmine Spedaliere <small>Date</small>	2-29-08 (904) 261-4285 <small>Daytime Phone #</small>
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