

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 034 ****61.25

DOCUMENT # N24528

1. Entity Name
SPINNAKER POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4000 BAL HARBOR BLVD.
PUNTA GORDA, FL 33950 US**

Mailing Address
**4000 BAL HARBOR BLVD.
PUNTA GORDA, FL 33950 US**

40037991



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0109377

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JOAN F
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LUCY, JOHN**
STREET ADDRESS **4000 BAL HARBOR #112**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **PD** ☐ Delete
NAME **REED, BILL**
STREET ADDRESS **4000 BALHARBOR BLVD STE 327**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TD** ☐ Delete
NAME **STEFFENS, FRANK**
STREET ADDRESS **264 OAK C7**
CITY-ST-ZIP **SEVERNA PARK, MD 21146**

TITLE **VPD** ☐ Delete
NAME **MAYLE, LOUIS**
STREET ADDRESS **4000 BAH HARBOUR BLVD STE 317**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **SD** ☐ Delete
NAME **OSBORNE, JACK**
STREET ADDRESS **4000 BAL HARBOR BLVD STE 412**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete
NAME **FURRAITTI, DAN**
STREET ADDRESS **4000 BAL HARBOUR BLVD STE 127**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **STEFFENS, FRANK**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **MAYLE, LOUIS**
STREET ADDRESS **4000 BAL HARBOR BLVD STE 317**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-12-07