


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26709</b> 1. Entity Name SPANISH TRAILS WEST HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 7142 PISCINA STREET ZEPHYRHILLS, FL 33541	Mailing Address 7142 PISCINA STREET ZEPHYRHILLS, FL 33541
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2936074	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, SCOTT E  
 240 SOUTH PINEAPPLE AVENUE  
 SARASOTA, FL 34236

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAPLE, FRANK S 37605 PINATA AVE. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCFARLAND, DONALD 37617 RIO LANE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNGER, DEAN 7153 NARANJA ST. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOURNIER, RONALD 7117 EL RANCHO WAY ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFONTAINE, EUGENE 37620 EL SOL AVE. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM 37710 EL SOL AVE ZEPHYRHILLS, FL 33541

**DO NOT WRITE IN THIS SPACE**

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 02/09/04-80075-013 70.00

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:** Frank S. Maple, Pres. **2/5/04** (813) 780-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #