


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N27023	
1. Entity Name THE SPANISH RIVER VILLAS ASSOCIATION, INC.	

Principal Place of Business 1527 SW FIRST AVE BOCA RATON, FL 33432 US	Mailing Address 1527 SW FIRST AVE BOCA RATON, FL 33432 US
---	---



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0056050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POWERS, SEAN 1527 SW 1ST AVE BOCA RATON, FL 33432

**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 _____
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, 2005**

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 ESCALANTE, LOUIS 1516 S.W. 1ST AVE. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKSON, ALEX 1535 SW 1ST AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWERS, SEAN 1527 SW 1ST AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000185062
01/20/05-80057-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SEAN POWERS 1/15/05 (561) 394-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #