

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90170 041 ****61.25

DOCUMENT # N29042
 1. Entity Name
SPANISH COVE AT SUNTREE ASSOCIATION, INC.



Principal Place of Business Mailing Address
THE SHRIEVES, INC. **6939 N WICKHAM ROAD**
TWO SUNTREE PLACE **~~TWO SUNTREE PLACE~~**
MELBOURNE FL 32940 **MELBOURNE FL 32940-7689**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2950705 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
STEWART, FRANCIS
6939-69389 N. WICKHAM ROAD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	RASMUSSEN, LAWRENCE	
STREET ADDRESS	967 PALM BROOK DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ALLEN	
STREET ADDRESS	997 PALM BROOK DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, PAUL	
STREET ADDRESS	748 SPANISH COVE DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DIONNE, STANLEY D	
STREET ADDRESS	925 PALM BROOK DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	P	<input type="checkbox"/> Delete
NAME	TYLER, DALE	
STREET ADDRESS	724 SPANISH COVE DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD JIM	
STREET ADDRESS	1021 PALM BROOK DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER NANCY	
STREET ADDRESS	419 PALM BROOK DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: LAWRENCE RASMUSSEN 2/25/05 853-3204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #