

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 003 ****61.25



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

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



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

1st MOORE CR2E037 (10/05)

City & State: Zip Country

4. FEI Number: 59-2950705
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent: STEWART, FRANCIS 69369 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, 2006 | 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: RASMUSSEN, LAWRENCE STREET ADDRESS: 967 PALM BROOK DR. CITY-ST-ZIP: MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE: ALLEN YOUNG STREET ADDRESS: 997 PALM BROOK DR. CITY-ST-ZIP: MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: GOULD, JIM STREET ADDRESS: 1021 PALM BROOK DR CITY-ST-ZIP: MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE: Mary Ann Caputo STREET ADDRESS: 937 Palm Brook Dr CITY-ST-ZIP: Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: KNAPP, PAUL STREET ADDRESS: 748 SPANISH COVE DR. CITY-ST-ZIP: MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE: HOLLAND, WILLIAM STREET ADDRESS: 1060 PALM BROOK DR CITY-ST-ZIP: MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: LESTER, NANCY STREET ADDRESS: 919 PALM BROOK DR CITY-ST-ZIP: MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete	TITLE: Tennian, Phyllis STREET ADDRESS: 1009 Palm Brook Dr. CITY-ST-ZIP: Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TYLER, DALE STREET ADDRESS: 724 SPANISH COVE DR. CITY-ST-ZIP: MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

2/14/06