


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 041 ****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 - No P.O. Box # 10 FRANCIS M. STEWART CTR		3. Mailing Address SAME AS #2	
Suite, Apt. #, etc. 6939 N. WICKHAM RD		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State	
Zip 32940	Country	Zip	Country
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	



1st MOORE CR2E037 (10/06)

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	T RASMUSSEN, LAWRENCE 967 PALM BROOK DR. MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D YOUNG, ALLEN 997 PALM BROOK DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CAPUTO, MARY ANN 937 PALM BROOK DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S HOLLAND, WILLIAM 1060 PALM BROOK DR MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P TENNIAN, PHYLLIS 1009 PALM BROOK DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<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: *L Rasmussen* **LAWRENCE RASMUSSEN** **TREASURER** 1/30/07 321-253-3866