


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90026 016 ****61.25

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



Principal Place of Business Mailing Address
C/O FRANCIS M. STEWART 6939 N WICKHAM ROAD
6939 N. WICKMAN RD. TWO SUNTREE PLACE
MELBOURNE FL 32940 MELBOURNE FL 32940-7689
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
6939 N. Wickham Rd.

1st MOORE CR2E037 (10/07)

City & State City & State
Melbourne, FL

4. FEI Number Applied For
59-2950705 Not Applicable

Zip Country Zip Country
32940 *USA*

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	T RASMUSSEN, LAWRENCE 967 PALM BROOK DR. MELBOURNE FL 32940	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D YOUNG, ALLEN 997 PALM BROOK DR MELBOURNE FL 32940	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CAPUTO, MARY ANN 937 PALM BROOK DR MELBOURNE FL 32940	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S HOLLAND, WILLIAM 1060 PALM BROOK DR MELBOURNE FL 32940	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	S GUNNERSEN JONET
STREET ADDRESS		STREET ADDRESS	991 PALM BROOK DR
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	P TENNAN, PHYLLIS 1009 PALM BROOK DR MELBOURNE FL 32940	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P DIONNE JOHN
STREET ADDRESS		STREET ADDRESS	925 PALM BROOK DR
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Lawrence Rasmussen* LAWRENCE RASMUSSEN 3/16/08 321-253-3866