

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29042

FILED
Mar 18, 2009
Secretary of State

Entity Name: SPANISH COVE AT SUNTREE ASSOCIATION, INC.

Current Principal Place of Business:

C/O FRANCIS M. STEWART
6939 N. WICKMAN RD.
MELBOURNE, FL 32940 US

New Principal Place of Business:

C/O FRANCIS M. STEWART
6939 N. WICKMAN RD.
MELBOURNE, FL 32940 US

Current Mailing Address:

6939 N. WICKHAM RD
MELBOURNE, FL 32940 US

New Mailing Address:

C/O FRANCIS M. STEWART
6939 N. WICKMAN RD.
MELBOURNE, FL 32940 US

FEI Number: 59-2950705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, FRANCIS
69369 N. WICKHAM ROAD
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RASMUSSEN, LAWRENCE
Address: 967 PALM BROOK DR.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: YOUNG, ALLEN
Address: 997 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: CAPUTO, MARY ANN
Address: 937 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: GUNNERSEN, JANET
Address: 991 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: P (X) Delete
Name: DIONNE, JOHN
Address: 925 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: RASMUSSEN, LAWRENCE
Address: 967 PALM BROOK DR.
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change () Addition
Name: YOUNG, ALLEN
Address: 997 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: PD (X) Change () Addition
Name: DIONNE, JOHN
Address: 925 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: VPD (X) Change () Addition
Name: BAUMAN, JOE
Address: 852 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DIONNE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date