

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29042

FILED
Mar 15, 2010
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:

Current Mailing Address:

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

New Mailing Address:

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: TRD
Name: RASMUSSEN, LAWRENCE
Address: 967 PALM BROOK DR.
City-St-Zip: MELBOURNE, FL 32940

Title: SECD
Name: HILL, BARRY P
Address: 1021 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: PD
Name: BAUMAN, JOE R
Address: 852 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

Title: VPD
Name: GRUPE, CAROL
Address: 908 PALM BROOK DR
City-St-Zip: MELBOURNE, FL 32940

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BAUMAN

PD

03/15/2010

Electronic Signature of Signing Officer or Director

Date