

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N33270

1. Entity Name
SPYGLASS HARBOUR ASSOCIATION, INC.



Principal Place of Business
**633 17TH STREET
VERO BEACH, FL 32960**

Mailing Address
**633 17TH STREET
VERO BEACH, FL 32960**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0177590

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, JOHN
2065 CAVALLA RD
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNEY, JOSEPH 1020 CRESCENT BEACH RD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, JOHN P.O. BOX 4046 VERO BEACH, FL 32964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLEN, PERRY W SR 1250 W SOUTHWINDS BLVD #217 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPANEK, CHRISTOPHER 6835 3RD PLACE SW VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURNIN, PETER 716 GROVE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/12/08-80079-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

for Joseph Binney, Pres.

1/31/08