

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33270

FILED
Mar 30, 2009
Secretary of State

Entity Name: SPYGLASS HARBOUR ASSOCIATION, INC.

Current Principal Place of Business:

633 17TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

633 17TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0177590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, JOHN
2065 CAVALLA RD
VERO BEACH, FL 32963 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: PD () Delete
Name: BINNEY, JOSEPH
Address: 1020 CRESCENT BEACH RD.
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: TUCKER, JOHN
Address: P.O. BOX 4046
City-St-Zip: VERO BEACH, FL 32964

Title: VPD () Delete
Name: MULLEN, PERRY W SR
Address: 1250 W SOUTHWINDS BLVD #217
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: STEPANEK, CHRISTOPHER
Address: 6835 3RD PLACE SW
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: CURNIN, PETER
Address: 716 GROVE PLACE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSEPH BINNEY

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date