
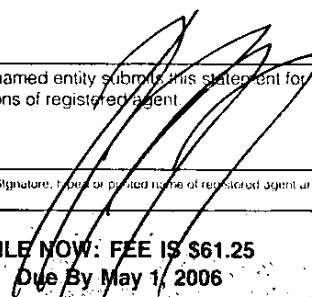


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90289 038 \*\*\*\*61.25

<b>DOCUMENT # N35099</b>					
1. Entity Name <b>SPINNAKER POINT OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 4900-1 NE SPINNAKER POINT STUART FL 34996 US			Mailing Address 4900-1 NE SPINNAKER POINT STUART FL 34996 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0267134	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CAVALLARO, CHARLES J 4600 NE SPINNAKER POINT STUART FL 34996			7. Name and Address of New Registered Agent Name <b>LEFORT, ROBERT J, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>4500 NE SPINNAKER PT PL</b> City <b>STUART</b> FL Zip Code <b>34996</b>		
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  (NOTE: Registered Agent signature required when not signing) DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVALLARO, CHARLES J		NAME	ROBERT J. LEFORT JR	
STREET ADDRESS	4600 NE SPINNAKER POINT PL.		STREET ADDRESS	4500 NE SPINNAKER PT PL	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	MICHAEL MATAKAETIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, JAMES		NAME	4900 NE SPINNAKER PT PL	
STREET ADDRESS	4701 NE SPINNAKER POINT PL		STREET ADDRESS	STUART, FL 34996	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOPKA, SCOTT		NAME		
STREET ADDRESS	4800 NE SPINNAKER PT. PL.		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
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		
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		
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		

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: 

4/6/06 407-926-2411 ext 318