
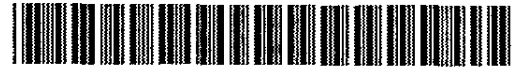


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N35099</b> 1. Entity Name SPINNAKER POINT OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4900-1 NE SPINNAKER POINT STUART, FL 34996 US	Mailing Address 4900-1 NE SPINNAKER POINT STUART, FL 34996 US
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01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0267134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEFORT, ROBERT J JR  
 4500 NE SPINNAKER PT PL  
 STUART, FL 34996

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**


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	P LEFORT, ROBERT J JR 4500 NE SPINNAKER PT PL STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATAKAITIS, MICHAEL 4900 NE SPINNAKER PT PL STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KONOPKA, SCOTT 4800 NE SPINNAKER PT. PL. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583775  
 01/12/07-80010-010 61.25

**DO NOT WRITE IN THIS SPACE**

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:  President SPOA 1/9/07 712-225-2404  
 Robert J. Lefort Jr