


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 039 ****61.25

DOCUMENT # N35099

1. Entity Name
SPINNAKER POINT OWNERS ASSOCIATION, INC.




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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0267134

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEFORT, ROBERT J JR	
STREET ADDRESS	4500 NE SPINNAKER PT PL	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MATAKAITIS, MICHAEL	
STREET ADDRESS	4900 NE SPINNAKER PT PL	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KONOPKA, SCOTT	<i>NO do not delete</i>
STREET ADDRESS	4800 NE SPINNAKER PT. PL.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUSABETH A. LEFORT	
STREET ADDRESS	4500 NE SPINNAKER PT PL	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Shirley A. Lefort* **EUSABETH A. LEFORT** 1/14/08 772-260-0154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #