

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N35099

Entity Name: SPINNAKER POINT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4900-1 NE SPINNAKER POINT  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900-1 NE SPINNAKER POINT  
STUART, FL 34996 US

**New Mailing Address:**

FEI Number: 65-0267134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFORT, ROBERT J JR  
4500 NE SPINNAKER PT PL  
STUART, FL 34996 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: P ( ) Delete  
Name: LEFORT, ELISABETH A  
Address: 4500 NE SPINNAKER PT PL  
City-St-Zip: STUART, FL 34996

Title: DV ( ) Delete  
Name: MATAKAITIS, MICHAEL  
Address: 4900 NE SPINNAKER PT PL  
City-St-Zip: STUART, FL 34996

Title: V ( ) Delete  
Name: KONOPKA, SCOTT  
Address: 4800 NE SPINNAKER PT. PL.  
City-St-Zip: STUART, FL 34996

**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:

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: ELIZBETH A LEFORT

P

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date