

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 01, 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 (X) 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: CAVALLARO, CHARLES
Address: 4600 N.E. SPINNAKER POINT PLACE
City-St-Zip: STUART, FL 34996

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: ELISABETH LEFORT

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date