

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38032

FILED
Jan 18, 2008
Secretary of State

Entity Name: SPANISH WATERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9 SPANISHWATERS DR.
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

9 SPANISHWATERS DR.
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-3041465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, JOHN H
9 SPANISH WATERS DR.
ORMOND BEACH, FL 32176 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: PD () Delete
Name: PLAZA, MARY
Address: 18 SPANISH WATERS DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: JACOBS, JOHN H
Address: 9 SPANISH WATERS DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD () Delete
Name: TEMPESTA, KARIN
Address: 28 SPANISH WATERS DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: ST. PIERRE, GEORGE
Address: 8 SPANISH WATERS DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: SPANO, FRANK
Address: 10 SPANISH WATERS DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARROW, MARY
Address: 14 SPANISH WATERS DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ST. PIERRE, GEORGE
Address: 8 SPANISH WATERS DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change () Addition
Name: WEBSTER, NOREEN
Address: 21 SPANISH WATERS DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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: JOHN H JACOBS

TD

01/18/2008

Electronic Signature of Signing Officer or Director

Date