

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90162 011 \*\*\*\*61.25

<b>DOCUMENT # N50211</b> 1. Entity Name <b>SPIVEY'S FARMS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>17 SPIVEYS CT ORMOND BEACH, FL 32174</b>			Mailing Address <b>17 SPIVEYS CT ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business - No P.O. Box # <b>11 SPIVEYS COURT</b>		3. Mailing Address <b>11 SPIVEYS COURT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH, FL</b>		City & State <b>ORMOND BEACH FL</b>		4. FEI Number <b>59-3221268</b>	
Zip <b>FL 32174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STONER, WAYNE K 17 SPIVEYS CT ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent Name <b>CHRISTINE THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11 SPIVEYS COURT</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</b>		
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 <b>CHRISTINE THOMAS TREASURER</b> <b>4/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAGE, JEANNINE 14 SPIVEYS CT ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONER, WAYNE 17 SPIVEY'S COURT ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, LIZ 12 SPIREYS CT ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <b>CHRISTINE THOMAS</b> <b>4/22/07</b> <b>386 677 1782</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					