

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000220

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SPOONBILL COURTYARD HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 65-0367106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: CROSS, LEWIS  
Address: 511 WOODSTORCK CIR  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: AMATO, MARY ANN  
Address: 501 WOODSTORK CIR  
City-St-Zip: BRADENTON, FL 34209

Title: VPD ( ) Delete  
Name: STEINFIRST, RICHARD  
Address: 509 SANDERLING CIR  
City-St-Zip: BRADENTON, FL 34209

Title: PD ( ) Delete  
Name: YAMNICKY, MARTIN  
Address: 510 WOODSTORCK CIR  
City-St-Zip: BRADENTON, FL 34209

Title: TD ( ) Delete  
Name: RIZER, WILLIAM  
Address: 509 WOODSTORK CIR  
City-St-Zip: BRADENTON, FL 34209

**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: ( ) 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: MARTIN YAMNICKY

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date