

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2009
Secretary of State**

DOCUMENT# N93000001541

Entity Name: SPANISH LAKES FAIRWAYS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O GERALD LAVOY
6200 SPANISH LAKES BLVD
FT PIERCE, FL 34951 US

New Principal Place of Business:

C/O WILLIAM COMPTON
6200 SPANISH LAKES BLVD
FT PIERCE, FL 34951 US

Current Mailing Address:

C/O GERALD LAVOY
6200 SPANISH LAKES BLVD
FT PIERCE, FL 34951 US

New Mailing Address:

C/O WILLIAM COMPTON
6200 SPANISH LAKES BLVD
FT PIERCE, FL 34951 US

FEI Number: 65-0243513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, WILLIAM G
14885 AGUILA AVE
FORT PIERCE, FL 34951 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: SPANGLER, HORACE EDWARD
Address: 14913 AQUILA AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: COMPTON, WILLIAM G
Address: 14885 AGUILA AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: VP () Delete
Name: BOYD, JOANNE D
Address: 6615 LILA CT
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: STREIG, CAROLYN
Address: 14299 DALIA AVE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: YEATS, DONNA
Address: 6772 YEDRA AVE
City-St-Zip: FORT PIERCE, FL 34951

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

Title: S (X) Change () Addition
Name: LEON, SERDYNSKI
Address: 14263 CANCUN AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: FD (X) Change () Addition
Name: RICHARD, HOHELLA
Address: 6539 DULCE REAL AVE
City-St-Zip: FORT PIERCE, FL 34951

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: WILLIAM G COMPTON

T

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date