


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 034 ****61.25

DOCUMENT # N94000002187 1. Entity Name SPOONBILL VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 133 AQUARINA BLVD MELBOURNE BEACH, FL 32951 US			Mailing Address 100 VISTA ROYALE BLVD VERO BEACH, FL 32962		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3285747 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUTHER, ROBERT 135 AQUARINA BLVD MELBOURNE BEACH, FL 32951			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTHER, ROBERT		NAME		
STREET ADDRESS	135 AQUARINA BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUDDER, RODNEY		NAME	POOLE, George	
STREET ADDRESS	159 AQUARINA BLVD		STREET ADDRESS	163 Aquarina Blvd.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	S, T <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, CHARLES		NAME	KNIGHT, ROBERT	
STREET ADDRESS	129 AQUARINA BLVD		STREET ADDRESS	105 Aquarina Blvd.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>[Signature]</i> Pres.			Date 3/27/05 Daytime Phone # 321-952-1894		