2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90031 030 ****61.25

DOCUMENT # N97000003523

1. Entity Name SPELLBINDER VILLAS I CONDOMINUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

800 SEAGAT Naples, Fl			800 S	iess solutions (Eagate Drive #: Es, FL 34103		E3							
2. Principal Place of Business			3. Mailir	3. Mailing Address									MANUA BA 1886
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03202006	Ch	g-NP	CR2E0	37 (11/05)	
City & State			City	City & State			4. FEI Num 59-35		6			oplied For	
Zip Country			Zìp	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Curre	nt Registered	d Agent				7. Name an	id Addr	ess of New R	legistered .	<u>_</u>	
D 0 4 40F	THE INC					Name							
	R & A AGENTS, INC ROETZOL & ANDREWS, LPA				}	Street Ac	ddress (I	P O Box Num	ner is N	lot Acceptable	a)		
		DRIVE THIRD FL					., 20012	.o. oox rain		iot Accoptable	-,		
NAPLES, F													
						City					FL	Zip Cod	ө
		y submits this statement	t for the purpo	se of changing its	registere	d office or	register	ed agent, or b	oth, in t	he State of Flo	xida. Iam	familiar with,	and accept
the obligat	tions of regist	tered agent.											
SIGNATURE .	Signature typed	for printed name of registered ag	ent and little if applic	cable (NOTE	Recestered	Agent signets	ne techikeu	when reinstating)			DATE		
			,, , , , ,								D*() C		
	_	e is \$61.25 May 1, 2006		9. Election Cam Trust Fund Co				\$5.00 May Added to Fee				k payable t tment of S	
10.		OFFICERS AND	DIRECTORS		11.		<u> </u>	DDITIONS/C	HANGE	S TO OFFICE	RS AND DI	RECTORS IN	l 10
10. TITLE	ST	OFFICERS AND	DIRECTORS	☑ Delete	11.			DDITIONS/C			RS AND DI	RECTORS IN	1 10 Addition
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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.

SIGN	ATURE:_	will-
	~ O ! !	<u></u>

SIGNATURE AND TYPED OR PINNTED NAME OF SIGNING OFFICER OR DIRECTOR

. William I KEAMER

. 804-254-2766