

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003523

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** SPELLBINDER VILLAS I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

BUSINESS SOLUTIONS OF NAPLES  
800 SEAGATE DRIVE #202  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

BUSINESS SOLUTIONS OF NAPLES  
800 SEAGATE DRIVE #202  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-3579806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

R & A AGENTS, INC  
ROETZOL & ANDREWS, LPA  
850 PARK SHORE DRIVE THIRD FL  
NAPLES, FL 34103 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: ST ( ) Delete  
Name: HAUG, CLORINDA  
Address: 1050 5TH STREET S  
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete  
Name: HAUG, OLAF  
Address: 1080 5TH ST S  
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete  
Name: KRAMER, WILLIAM D  
Address: 4112 HANOVER AVE  
City-St-Zip: RICHMOND, VA 23221

**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:

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: SUSAN M. LONGSTRETH, SPIRES & ASSOC., INC.

ACCT

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date