


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 008 ****61.25

DOCUMENT # N98000003337 1. Entity Name SPANISH OAKS OWNERS ASSOCIATION, INC.			
Principal Place of Business 31858 WILLOW OAK LANE FERNANDINA BEACH, FL 32034 NA		Mailing Address PO BOX 15473 FERNANDINA BEACH, FL 32035-3108 NA	
2. Principal Place of Business 25042 Springwood Ln.		3. Mailing Address Suite, Apt. #, etc.	
City & State Fernandina Bch, FL 32034		City & State Suite, Apt. #, etc.	
Zip 32034		Country USA	
4. FEI Number 59-3514118		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, CECIL B 31858 WILLOW OAK LANE FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Stacy McBarraan Street Address (P.O. Box Number is Not Acceptable) 31817 Willow Oak Ln. City Fernandina Beach, FL Zip Code 32034	
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 Stacy McBarraan Sec/Tres. <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	PRES WOOD, CECIL B 31858 WILLOW OAK LANE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Jonathan Forstrom 25042 Springwood Ln. Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLANAN, THOMAS F 31837 WILLOW OAK LANE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Larry Poole 24863 Twin Oaks Lane Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR MCGARRAH, STACY M 31817 WILLOW OAK LANE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Steve Russo 31866 M:11 Pond Lane Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR POOLE, LARRY D 24863 TWIN OAKS LANE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CARAWAY, VIRGINIA 25145 TWIN OAKS LANE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: Stacy McBarraan		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stacy M-McBarraan	
Date 3/10/05		Daytime Phone # 904.777-0563	