

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003337

FILED
Mar 09, 2006
Secretary of State

Entity Name: SPANISH OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

25042 SPRINGWOOD LN
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 15473
FERNANDINA BEACH, FL 320353108

New Mailing Address:

FEI Number: 59-3514118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGARRON, STACY
31817 WILLOW OAK LN
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

LOVELESS, SUSAN
31818 WILLOW OAK LN
FERNANDINA BEACH, FL 32034 US

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: SUSAN LOVELESS

03/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FORSTOROM, JOHNATHAN
Address: 25042 SPRINGWOOD LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: POOLE, LARRY
Address: 24883 TWIN OAKS LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/TR () Delete
Name: MCGARRAH, STACY M
Address: 31817 WILLOW OAK LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DIR (X) Delete
Name: RUSSO, STEVE
Address: 31866 MILL POND LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOOD, CECIL
Address: 25042 SPRINGWOOD LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP (X) Change () Addition
Name: HAMBRECHT, JASON
Address: 24939 SPRINGWOOD LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/TR (X) Change () Addition
Name: LOVELESS, SUSAN D
Address: 31818 WILLOW OAK LN
City-St-Zip: FERNANDINA BEACH, FL 32034

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

I hereby certify that the information supplied with this filing does not qualify for the 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 LOVELESS

SECT

03/09/2006

Electronic Signature of Signing Officer or Director

Date