2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003337

FILED Jan 15, 2009 Secretary of State

Entity Name: SPANISH OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 25042 SPRINGWOOD LN 97017 MILL POND LN FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** PO BOX 15473 FERNANDINA BEACH, FL 320353108 FEI Number: 59-3514118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYME, BRIAN SYME, BRIAN 31866 MILL POND LN 97017 MILL POND LN FERNANDINA BEACH, FL 32034 US 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: 01/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition HAMBRELHT, JASON Name: Name: 96086 SPRINGWOOD LN Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: Title: () Delete () Change () Addition BRIAN, SYME Name: Name: Address: 97017 MILL POND LN Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: S/TR () Delete Title: MEM (X) Change () Addition AGNUS, LYDEN AGNUS, LYDEN Name: Name: Address: 95272 TWIN OAKS LN Address: 95272 TWIN OAKS LN City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: MEM () Delete Title: S/TR (X) Change () Addition Name: BROWN, ILKA Name: BROWN, ILKA 96043 SPRINGWOOD LN 96043 SPRINGWOOD LN Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: MEM () Delete Title: () Change () Addition DAINES, RICHARD Name: Name: 96273 SPRINGWOOD LN Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 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: JASON HAMBRECHT PRES 01/15/2009