


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90071 044 ****61.25

DOCUMENT # N98000007243					
1. Entity Name SPANISH LAKES COUNTRY CLUB VILLAGE C.O.P. SECURITY, INC.					
Principal Place of Business 1 LAS CASITAS FORT PIERCE FL 34951			Mailing Address 19 VISTA DE LAGUNA FORT PIERCE FL 34951		
2. Principal Place of Business 1 LAS CASITAS Suite, Apt. #, etc.			3. Mailing Address 52 VISTA DE LAGUNA Suite, Apt. #, etc.		
City & State FT. PIERCE, FL		City & State FT. PIERCE, FLORIDA		4. FEI Number 65-0886681	
Zip 34951	Country ST. LUCIE	Zip 34951	Country ST. LUCIE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLIEMANN, LAWRENCE 19 VISTA DE LAGUNA FORT PIERCE FL 34951				7. Name and Address of New Registered Agent Name MORGAN R. JONES Street Address (P.O. Box Number is Not Acceptable) 52 VISTA DE LAGUNA City FT. PIERCE FL Zip Code 34951	
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 <u>Morgan R. Jones</u> MORGAN R. JONES <u>1-27-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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	SD JONES, MORGAN 52 VISTA DE LAGUNA FORT PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLIEMANN, LAWRENCE 19 VISTA DE LAGUNA FORT PIERCE FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSEN, HOPE 83 LAS CASITAS FORT PIERCE FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLES MCCLURG 67 GRANDE CAMINO WAY FT. PIERCE, FL. 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILDRED JONES 52 VISTA DE LAGUNA FT. PIERCE, FL. 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Morgan R. Jones</u> MORGAN R. JONES <u>1-27-05</u> <u>772-489-4564</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					