**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jul 09, 2023**
**Secretary of State**
**3740206978CC**

DOCUMENT# 747240

**Entity Name:** SPANISH OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1011 WINDING OAKS DR
PALM HARBOR, FL 34683

**Current Mailing Address:**

PO BOX 1102
PALM HARBOR, FL 34682-1102 US

**FEI Number: 59-2088271**

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF
1511 WESTSHORE BLVD SUITE 1000
TAMPA, FL 33607 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | JOHNSON, JERRY |
| Address | 1011 WINDING OAKS DR. |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WARD, JUSTIN |
| Address | 953 WINDING OAKS DR |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|---|---|
| Title | SECRETARY |
| Name | FICARROTTA, ELLEN |
| Address | 924 HIGHVIEW DR |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DAPONT, PETER |
| Address | 1942 SPANISH OAKS DR N |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|---|---|
| Title | TREASURER |
| Name | COX, DEBI |
| Address | 2046 WINDING OAKS DRIVE |
| City-State-Zip: | PALM HARBOR FL 34683 |

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|---|---|
| Title | VP |
| Name | BALLARD, JOSHUA |
| Address | 2017 CINDY CIR |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | OSTERLAND, STEVE |
| Address | 2034 WINDING OAKS DR |
| City-State-Zip: | PALM HARBOR FL 34683 |

*I hereby 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 all other like empowered.*

SIGNATURE: DEBI COX TREASURER 07/09/2023

Electronic Signature of Signing Officer/Director Detail — Date