

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718094 (6)

1. Corporation Name
SPANISH TRACE VILLAGE, INC.

Principal Place of Business Mailing Address
1727 MINUTEMEN CAUSEWAY COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1970	3a. Date of Last Report 03/07/1994
4. FEI Number 59-1446311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**KRAMER ELLEN
1727 MINUTEMEN CAUSEWAY
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
81 Name **Mr. William Brown**
82 Street Address (P.O. Box Number is Not Acceptable) **1729 Minutemen Cswy**
83 ~~Street Address~~
84 City **Cocoa Beach** FL 85 Zip Code **32931**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William S. Brown* DATE **4/15/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE DT	KRAMER, ELLEN 1727 MINUTEMEN CSWY COCOA BCH, FL 00000
TITLE DV	WILLIAM, LEE 1729 MINUTEMEN CSWY COCOA BEACH FL
TITLE DS	SCHNOOR, JANE 1725 MINUTEMEN COCOA BEACH FL
TITLE DP	DEUTSCH, FRANK 1727 MINUTEMEN CSWY COCOA BEACH FL
TITLE D	THOMPSON, MAJORIE 1725 MINUTEMEN CSWY COCOA BEACH FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Irma Morichelli
2.3 STREET ADDRESS	1725 Minutemen Cswy Cocoa Beach, FL
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS Marie Edwards
3.3 STREET ADDRESS	1727 Minutemen Cswy. Cocoa Beach, FL
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DP William Brown
4.3 STREET ADDRESS	1729 Minutemen Cswy Cocoa Beach, FL
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Richard Schnoor
5.3 STREET ADDRESS	1725 Minutemen Cswy Cocoa Beach, FL
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William S. Brown* DATE **4/15/95**
Signature and typed or printed name of signing officer or director