


FILE NOW: FILING FEE IS \$61.25 ✓

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718094 (6)**  
1. Corporation Name  
**SPANISH TRACE VILLAGE, INC.**

Principal Place of Business <b>1727 MINUTEMEN CAUSEWAY COCOA BEACH FL 32931</b>	Mailing Address <b>1727 MINUTEMEN CAUSEWAY COCOA BEACH FL 32931</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>02/18/1970</b>	3a. Date of Last Report <b>10/25/1996</b>
4. FEI Number <b>59-1446311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DEUTSCH, KELLY-  
1727 MINUTEMEN CSWY.  
UNIT 207  
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name <b>Morichelli, Irma</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1725 Minutemen Causeway #104</b>
83
84 City <b>Cocoa Beach</b>
85 State <b>FL</b>
86 Zip Code <b>32931</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Irma Morichelli* (NOTE: Registered Agent signature required when reinstating) DATE: **Feb 4, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHNOOR, DICK</b>		1.2 NAME <b>CAREY, James</b>	
STREET ADDRESS <b>1727 MINUTEMEN CSWY</b>		1.3 STREET ADDRESS <b>8411 SE 72nd Place</b>	
CITY-ST-ZIP <b>COCOA BCH, FL 00000</b>		1.4 CITY-ST-ZIP <b>mercier Island, WA 98040</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, WILLIAM</b>		2.2 NAME <b>Kramer, Stanley</b>	
STREET ADDRESS <b>1729 MINUETMEN CSWY</b>		2.3 STREET ADDRESS <b>1727 minutemen Causeway #206</b>	
CITY-ST-ZIP <b>COCOA BEACH FL</b>		2.4 CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EDWARDS, MARIE</b>		3.2 NAME <b>Thompson, Marge</b>	
STREET ADDRESS <b>1725 MINUTEMEN</b>		3.3 STREET ADDRESS <b>1725 minutemen Cswy. #202</b>	
CITY-ST-ZIP <b>COCOA BEACH FL</b>		3.4 CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DEUTSCH, KELLY</b>		4.2 NAME <b>Morichelli, Irma</b>	
STREET ADDRESS <b>1727 MINUTEMEN CSWY</b>		4.3 STREET ADDRESS <b>1725 Minute men Cswy. #104</b>	
CITY-ST-ZIP <b>COCOA BEACH FL</b>		4.4 CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FETTERMAN, SHIRLEY</b>		5.2 NAME <b>Fetterman, Shirley</b>	
STREET ADDRESS <b>1725 MINUTEMEN CSWY</b>		5.3 STREET ADDRESS <b>1725 minutemen Cswy. #102</b>	
CITY-ST-ZIP <b>COCOA BEACH FL</b>		5.4 CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Irma Morichelli* DATE: **Feb 4, 1997**

CR2E037 (9/96)