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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718094 (6)
1. Corporation Name
SPANISH TRACE VILLAGE, INC.



Principal Place of Business 1727 MINUTEMEN CAUSEWAY COCOA BEACH FL 32931	Mailing Address 1727 MINUTEMEN CAUSEWAY COCOA BEACH FL 32931
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3. Date Incorporated or Qualified 02/18/1970	
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. Is this nonprofit corporation a homeowners association? Condo Assoc. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MORICHELLI, IRMA
1725 MINUTEMEN CAUSEWAY
#104
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name Bill Brown	
82 Street Address (P.O. Box Number Is Not Acceptable) 1729 Minutemen Cswy # 209	
83	
84 City Cocoa Beach	85 Zip Code FL 32931

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 *William & Brown* DATE **3-23-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CAREY, JAMES	
STREET ADDRESS 8411 SE 72ND PLACE	
CITY-ST-ZIP MERCER ISLAND WA	
TITLE DV	<input type="checkbox"/> DELETE
NAME KRAMER, STANLEY	
STREET ADDRESS 1727 MINUTEMEN CAUSEWAY, #206	
CITY-ST-ZIP COCOA BEACH FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME THOMPSON, MARGE	
STREET ADDRESS 1725 MINUTEMEN CAUSEWAY, #202	
CITY-ST-ZIP COCOA BEACH FL	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME MORICHELLI, IRMA	
STREET ADDRESS 1725 MINUTEMEN CAUSEWAY, #104	
CITY-ST-ZIP COCOA BEACH FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME FETTERMAN, SHIRLEY	
STREET ADDRESS 1725 MINUTEMEN CAUSEWAY, #102	
CITY-ST-ZIP COCOA BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Bill Lee	
1.3 STREET ADDRESS 1729 Minutemen Cswy # 210	
1.4 CITY-ST-ZIP Cocoa Beach FL 32931	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Bill Brown	
4.3 STREET ADDRESS 1729 Minutemen Cswy # 209	
4.4 CITY-ST-ZIP Cocoa Beach FL 32931	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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: *William & Brown* DATE: **3-23-98**

CR2E037 (10/97)