


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

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 011 ****61.25

DOCUMENT # 718094
1. Entity Name
SPANISH TRACE VILLAGE, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1446311 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
RIGERMAN, MARILYN A
200 NORTH FIRST ST.
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOULT, PATRICK	
STREET ADDRESS	1727 MINUTEMEN CSWY #206	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HULL, JEROLD	
STREET ADDRESS	1727 MINUTEMEN CAUSEWAY 107	
CITY-ST-ZIP	COCOA BEACH FL 32631	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHNOOR, JANE	
STREET ADDRESS	1725 MINUTEMEN CSWY #20	
CITY-ST-ZIP	COCOA BEACH FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, BILL	
STREET ADDRESS	55 N GOODMAN ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM	
STREET ADDRESS	1729 MINOTEMEN CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEELER, LEON	
STREET ADDRESS	PO BOX 321546	
CITY-ST-ZIP	COCOA BEACH FL 32631	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mary Jane Schnoor - Secretary* **2-24-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #