


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 043 ****61.25

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



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



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

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-1446311**
 Applied For Not Applicable

Zip Country Zip Country

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	SD	<input checked="" 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	KISSIMEE 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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORICHELLI, IRMA	
STREET ADDRESS	1725 MINUTEMEN CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Irma M Moricelli* IRMA M MORICELLI, SEC