

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90155 002 \*\*\*\*61.25

**DOCUMENT # 718094**

1. Entity 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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

**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**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOULT, PATRICK</b>	
STREET ADDRESS	<b>1727 MINUTEMEN CSWY #206</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MORICHELLI, IRMA</b>	
STREET ADDRESS	<b>1725 MINUTEMAN CSWY #104</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNOOR, JANE</b>	
STREET ADDRESS	<b>1725 MINUTEMEN CSWY #20</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32935</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, BILL</b>	
STREET ADDRESS	<b>55 N GOODMAN ROAD</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34747</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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	<b>VPD</b>	
STREET ADDRESS	<b>WILLIAM BROWN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	<b>1729 MINUTEMEN CSWY # 209</b>	
	<b>COCOA BEACH FL 32931</b>	
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: *IRMA M. MORICHELLI* 04/08/03 321-780-6912

CR2E037 (10/02)