


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 743689 (2)					
1. Corporation Name SPANISH RIVER GARDENS HOMEOWNER'S ASSOCIATION, I NC.					
Principal Place of Business % BOND, SCHOENECK & KING P.O. BOX 1434 BOCA RATON FL 33429			Mailing Address % BOND, SCHOENECK & KING P.O. BOX 1434 BOCA RATON FL 33429		
2. Principal Place of Business 21 Spanish River Gardens Suite, Apt. #, etc. 22 PO Box 1434 City & State 23 Boca Raton, FL Zip 24 33429		2a. Mailing Address 26 Spanish River Gardens Suite, Apt. #, etc. 27 PO Box 1434 City & State 28 Boca Raton, FL Zip 29 33429		3. Date Incorporated or Qualified 07/24/1978 4. FEI Number 59-2412384 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEVENSTIEN, RICHARD 2101 NW 2ND AVE STE 2 BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	BUTKEVITS, VINCENT				
STREET ADDRESS	250 SW 15TH DR.				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	JOHN D. GRONDA				
STREET ADDRESS	1560 SW 5TH AVE				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GARROD, BETH				
STREET ADDRESS	321 S.W. 15TH STREET				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HORN, DEAN				
STREET ADDRESS	1524 SW 4TH AVE.				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	ZAP, GARY				
STREET ADDRESS	1596 S.W. 5TH AVE.				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	D'ANGELO, MIKE				
STREET ADDRESS	1537 SW 4 AVE				
CITY-ST-ZIP	BOCA RATON FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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: <u>Beth Garrod</u> <u>1/28/98</u> <u>392-3390</u>					

CR2E037 (10/97)