

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748535** (2)
1. Corporation Name
SPANISH TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10766 N KENDALL DR MIAMI FL 33176
Mailing Address: 10766 N KENDALL DR MIAMI FL 33176

3. Date Incorporated or Qualified: 08/15/1979
3a. Date of Last Report: 02/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1943668	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

81 Name: Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Dr.
83 Suite 100
84 City: Miami FL 85 Zip Code: 33126

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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S RUBIN, ELAINE 111 FONTAINEBLEAU BLVD MIAMI FL	1.1 TITLE	V BURSTEIN, OSCAR 1401 SW 95 CT. MIAMI FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D KARGER, KENNETH 10776 N. KENDALL DR., #F-18 MIAMI FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	P NITTINGER, SONIA 10838 N. KENDALL DR., #W-8 MIAMI FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T POYO, JOSE F 1628 MICANOPY AVE MIAMI FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D FORBES, JOHN 3310 PONCE DE LEON BLVD #200 MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D SCHLEEF, RANDY 10826 SW 88 ST #T14 MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sonia Nittinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

Daytime Phone #

CR2E037 (12/95)