

**FILE NOW: FILING FEE IS \$61.25**

*09.132*

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **767943** (4)  
1. Corporation Name  
**HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.**



Principal Place of Business: 3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA FL 32670  
Mailing Address: 3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA FL 32670

3. Date Incorporated or Qualified: **04/13/1983**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **NOT APPLICABLE**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip **34479** 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip **34479** 29 Country 30

9. Name and Address of Current Registered Agent  
**MAUTNER, HOWARD**  
3150 N.E. 36TH AVE. LOT 166  
OCALA FL 34479

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**700001760247**  
83 **03/28/96 01010-016**  
84 City **\*\*\*61.25** 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) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT / D</b>
NAME	<b>DANNEMAN, ROBERT</b>	1.2 NAME	<b>MAUTNER, HOWARD</b>
STREET ADDRESS	<b>3150 NE 36TH AVE., #472</b>	1.3 STREET ADDRESS	<b>3150 NE 36th AVE. #166</b>
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>V</b>	2.1 TITLE	<b>VICE PRESIDENT / D</b>
NAME	<b>BARRIS, ROBERT</b>	2.2 NAME	<b>DANNEMANN, ROBERT</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #253</b>	2.3 STREET ADDRESS	<b>3k50 N E 36th AVE, #472</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<b>TREASURER / D</b>
NAME	<b>VETRANO, MARIAM</b>	3.2 NAME	<b>EMBANK, HELEN</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #552</b>	3.3 STREET ADDRESS	<b>3150 NE 36th Ave. #316</b>
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>S</b>	4.1 TITLE	<b>SECRETARY / D</b>
NAME	<b>HANCOCK, SARA</b>	4.2 NAME	<b>KRAUS, JAN</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #408</b>	4.3 STREET ADDRESS	<b>3150 NE 36TH, AVE</b>
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>D</b>	5.1 TITLE	<b>ACT. DIRECTOR</b>
NAME	<b>GENEVIEVE, BARNARD</b>	5.2 NAME	<b>BARNARD, MEL</b>
STREET ADDRESS	<b>3150 NE 36TH AVE., #388</b>	5.3 STREET ADDRESS	<b>3150 NE 36th AVE., #388</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>D</b>	6.1 TITLE	<b>Director</b>
NAME	<b>AMOR, BARBARA</b>	6.2 NAME	<b>DOUGHERTY, DOLLY</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #160</b>	6.3 STREET ADDRESS	<b>3150 NE 36th AVE. #523</b>
CITY-ST-ZIP	<b>OCALA FL</b>	6.4 CITY-ST-ZIP	<b>OCALA, FL</b>

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT / D</b>
NAME	<b>DANNEMAN, ROBERT</b>	1.2 NAME	<b>MAUTNER, HOWARD</b>
STREET ADDRESS	<b>3150 NE 36TH AVE., #472</b>	1.3 STREET ADDRESS	<b>3150 NE 36th AVE. #166</b>
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>V</b>	2.1 TITLE	<b>VICE PRESIDENT / D</b>
NAME	<b>BARRIS, ROBERT</b>	2.2 NAME	<b>DANNEMANN, ROBERT</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #253</b>	2.3 STREET ADDRESS	<b>3k50 N E 36th AVE, #472</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<b>TREASURER / D</b>
NAME	<b>VETRANO, MARIAM</b>	3.2 NAME	<b>EMBANK, HELEN</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #552</b>	3.3 STREET ADDRESS	<b>3150 NE 36th Ave. #316</b>
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TITLE	<b>D</b>	5.1 TITLE	<b>ACT. DIRECTOR</b>
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STREET ADDRESS	<b>3150 NE 36TH AVE., #388</b>	5.3 STREET ADDRESS	<b>3150 NE 36th AVE., #388</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>OCALA, FL</b>
TITLE	<b>D</b>	6.1 TITLE	<b>Director</b>
NAME	<b>AMOR, BARBARA</b>	6.2 NAME	<b>DOUGHERTY, DOLLY</b>
STREET ADDRESS	<b>3150 N.E. 36TH AVE., #160</b>	6.3 STREET ADDRESS	<b>3150 NE 36th AVE. #523</b>
CITY-ST-ZIP	<b>OCALA FL</b>	6.4 CITY-ST-ZIP	<b>OCALA, FL</b>

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: **HELEN E. EUBANK** *Helen E. Eubank* 3/20/96 1-352-732-3731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*03-27-1996*

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To: \_\_\_\_\_ Date: 1996

From: DOCUMENT #767943

Message: Additional Directors are:

- |   |                         |   |   |
|---|-------------------------|---|---|
| D | Tony Lonik - Lot #280   | ) | HOMEOWNERS ASSOCIATION OF SPANISH OAKS, INC.<br>3150 N. E. 36th Ave.<br>Ocala, FL 34479 |
| D | Marge King - Lot # 247  | ) |   |
| D | Ruby Mautner - Lot #166 | ) |   |