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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32479  
34479

Mailing Address  
3150 NE 36TH AVE BOX 572  
#3150 NE 36TH AVE  
OCALA FL 34479-3171

3. Date Incorporated or Qualified 04/13/1983  
3a. Date of Last Report 03/27/1996  
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 Country  
24 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
MAUTNER, HOWARD  
3150 N.E. 36TH AVE. LOT 168  
OCALA FL 34479

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAUTNER, HOWARD	
STREET ADDRESS	3150 NE 36TH AVE., #168	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<del>DANNEMANN, ROBERT</del>	
STREET ADDRESS	<del>3150 N.E. 36TH AVE., #472</del>	
CITY-ST-ZIP	<del>OCALA FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EUBANK, HELEN	
STREET ADDRESS	3150 N.E. 36TH AVE., #316	
CITY-ST-ZIP	OCALA FL	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KRUAS, JAN</del>	
STREET ADDRESS	<del>3150 N.E. 36TH AVE.,</del>	
CITY-ST-ZIP	<del>OCALA FL</del>	
TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	<del>BARNARD, MEL</del>	
STREET ADDRESS	<del>3150 NE 36TH AVE., #388</del>	
CITY-ST-ZIP	<del>OCALA FL</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>DOUGHERTY, DOLLY</del>	
STREET ADDRESS	<del>3150 N.E. 36TH AVE., #523</del>	
CITY-ST-ZIP	<del>OCALA FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARNES, BOBBY	
1.3 STREET ADDRESS	3150 N.E. 36th AV. #450	
1.4 CITY-ST-ZIP	Ocala, FL 34479	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VETRANO, MIRIAM	
2.3 STREET ADDRESS	3150 N.E. 36th Av. #552	
2.4 CITY-ST-ZIP	OCALA, FL 34479	
3.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOFFMEYER, WILLIAM	
3.3 STREET ADDRESS	3150 N.E. 36th Av. #510	
3.4 CITY-ST-ZIP	OCALA, FL 34479	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRADY, MARGARET	
4.3 STREET ADDRESS	3150 N.E. 36th AV., #508	
4.4 CITY-ST-ZIP	OCALA, FL., 34479	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Green, WILLIAM	
5.3 STREET ADDRESS	3150 N.E. 36th AV., #285	
5.4 CITY-ST-ZIP	Ocala, FL 34479	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hoffmeyer, JEAN	
6.3 STREET ADDRESS	3150 N.E. 36th Av., #510	
6.4 CITY-ST-ZIP	OCALA, FL.	

14. I do 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: *Helen E. Eubank* Helen E. Eubank 2/8/97 352-732-3731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066054

CR2E037 (9/96)