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Apr 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
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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 33479	Mailing Address 3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA FL 33479
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3. Date Incorporated or Qualified 04/13/1983	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAUTNER, HOWARD
3150 N.E. 36TH AVE. LOT 106
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	MAUTNER, HOWARD <input checked="" type="checkbox"/> DELETE
NAME	3150 NE 36TH AVE., #106
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	
TITLE VPD	BARNES, BOBBY <input checked="" type="checkbox"/> DELETE
NAME	3150 NE 36TH AVE #450
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	
TITLE TD	EUBANK, HELEN <input checked="" type="checkbox"/> DELETE
NAME	3150 N.E. 36TH AVE., #316
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	
TITLE SD	VETERANO, MIRIAM <input type="checkbox"/> DELETE
NAME	3150 NE 36TH AVE #552
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	
TITLE AD	HOEFMEYER, WILLIAM <input type="checkbox"/> DELETE
NAME	3150 NE 36TH AVE #510
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	
TITLE D	BRADY, MARGARET <input checked="" type="checkbox"/> DELETE
NAME	3150 NE 36TH AVE #506
STREET ADDRESS	OCALA FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JOSEPH R. RUMMLER	
1.3 STREET ADDRESS 3150 NE 36th Ave. #365	
1.4 CITY-ST-ZIP Ocala, FL 34479	
2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME VIRGINIA Vernier	
2.3 STREET ADDRESS 3150 NE 36th Ave. #233	
2.4 CITY-ST-ZIP Ocala, FL 34479	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Jean Hoffmeyer	
3.3 STREET ADDRESS 3150 NE 36th Ave. #510	
3.4 CITY-ST-ZIP Ocala, FL 34479	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Miriam Vetrano	
4.3 STREET ADDRESS 3150 NE 36th Ave. #552	
4.4 CITY-ST-ZIP Ocala, FL 34479	
5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME William Hoffmeyer	
5.3 STREET ADDRESS 3150 NE 35th Ave.	
5.4 CITY-ST-ZIP Ocala, FL 34479	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Lydia Wylie	
6.3 STREET ADDRESS 3150 NE 36th Ave.	
6.4 CITY-ST-ZIP Ocala, FL 34479	

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: Miriam Vetrano 4/8/98 352.622-1594

CR2E037 (10/97)

HOMESOWNERS ASSOCIATION OF SPANISH OAKS, INC.
3150 NE 36th Ave. Ocala, FL 34479

DOCUMENT #767943
1998

ADDITIONAL OFFICERS

D
Beverly Baker
3150 NE 36th Ave. #170
Ocala, FL 34479

D
Dolly Dougherty
3150 NE 36th Ave. #523
Ocala, FL 34479