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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767943
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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) 83 84 City 85 Zip Code FL
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMMLER, JOSEPH R	1.2 NAME	Jane Cooley
STREET ADDRESS	3150 NE 36TH AVE., #166	1.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 164
CITY-ST-ZIP	OCALA FL 34479	1.4 CITY-ST-ZIP	Ocala, FL 34479
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNIER, VIRGINIA	2.2 NAME	Janet Smith
STREET ADDRESS	3150 NE 36TH AVE #450	2.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 421
CITY-ST-ZIP	OCALA FL 34479	2.4 CITY-ST-ZIP	Ocala, FL 34479
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMEYER, JEAN	3.2 NAME	Elaine Moore
STREET ADDRESS	3150 NE 36TH AVE, 510	3.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 550
CITY-ST-ZIP	OCALA FL 34479	3.4 CITY-ST-ZIP	Ocala, FL 34479
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETERANO, MIRIAM	4.2 NAME	Miriam Vetrano
STREET ADDRESS	3150 NE 36TH AVE #552	4.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 552
CITY-ST-ZIP	OCALA FL 34479	4.4 CITY-ST-ZIP	Ocala, FL 34479
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOEFMEYER, WILLIAM	5.2 NAME	Svea Green
STREET ADDRESS	3150 NE 36TH AVE #510	5.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 285
CITY-ST-ZIP	OCALA FL 34479	5.4 CITY-ST-ZIP	Ocala, FL 34479
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYLIE, LYDIA	6.2 NAME	Beverly Baker
STREET ADDRESS	3150 NE 36TH AVE #508	6.3 STREET ADDRESS	3150 N.E. 36th Ave. Lot 170
CITY-ST-ZIP	OCALA FL 34479	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)(f), 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, with all other like empowered.

SIGNATURE: MIRIAM VETERANO 4/6/99 352-622-152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



309404-90101-48
767943
Homeowners' Association of Spanish Oaks, Inc.
3150 N.E. 36th Avenue - Box 572
Ocala, Florida 34479

DOCUMENT 767943
1999

ADDITIONAL OFFICERS

D
Briton Bullock A
3150 N.E. 36th Ave. Lot 413
Ocala, FL 34479

D
Carroll Phillips A
3150 N.E. 36th Ave. Lot 275
Ocala, FL 34479

D
Mary E. Smith A
3150 N.E. 36th Ave. Lot 448
Ocala, FL 34479