FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:12

DOCUMENT # **746162** **(7)**

1. Corporate Name
SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 NW 13TH ST BOCA RATON FL 33486	600 NW 13TH ST BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1979
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1889307 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GRANER, THOMAS U., ESQUIRE
KAUFFMAN & SCHWARTZ, P.A.
CROCKER PLAZA 5355 TOWN CENTER RD #301
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: [redacted] Kauffman & Schwartz, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Crocker Plaza 5355 Town Center Rd #301
83
84 City: Boca Raton FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [redacted]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	11 TITLE	☒ Change ☐ Addition
NAME	HIDALGO, JAMES L.	12 NAME	
STREET ADDRESS	P.O. BOX 27362 N/A	13 STREET ADDRESS	P.O. Box 273262 N/A
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Boca Raton FL 33427
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, COLLEEN	22 NAME	
STREET ADDRESS	618 NW 13TH ST APT 16	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	BLOCH, IGAL	32 NAME	
STREET ADDRESS	817 NE 72ND ST	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	D ☒ Change ☐ Addition
NAME	MESSER, LEAH	42 NAME	Pesses, Marvin
STREET ADDRESS	608 NW 13TH ST APT 33	43 STREET ADDRESS	6430 Via Rosa
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	Boca Raton, FL 33433
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HEIDE, WILLIAM	52 NAME	
STREET ADDRESS	1275 N SWINTON AVE	53 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	BOUMANS, SIDNEY	62 NAME	Berkebile, Harry
STREET ADDRESS	616 NW 13TH ST APT 16	63 STREET ADDRESS	620 NW 13TH St Apt 23
CITY ST ZIP	BOCA RATON FL	64 CITY ST ZIP	Boca Raton, FL 33486

RV THRU 1

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)(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: JHidalgo-Dir. JAMES L. HIDALGO 4/28/95 (407) 395-0674
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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