

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748535 (2)
1. Corporation Name
SPANISH TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
10766 N KENDALL DR 10766 N KENDALL DR
MIAMI FL 33176 MIAMI FL 33176

3. Date Incorporated or Qualified 08/15/1979 3a. Date of Last Report 02/06/1995
4. FEI Number 59-1943668 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Dr.
83 Suite 100
84 City Miami FL 85 Zip Code 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
S	RUBIN, ELAINE	111 FONTAINEBLEAU BLVD	MIAMI FL	<input type="checkbox"/>
D	KARGER, KENNETH	10776 N. KENDALL DR., #F-18	MIAMI FL	<input type="checkbox"/>
P	NITTINGER, SONIA	10838 N. KENDALL DR., #W-8	MIAMI FL	<input type="checkbox"/>
T	POYO, JOSE F	1628 MICANOPY AVE	MIAMI FL	<input type="checkbox"/>
D	FORBES, JOHN	3310 PONCE DE LEON BLVD #200	MIAMI FL	<input type="checkbox"/>
D	SCHLEEF, RANDY	10826 SW 88 ST #T14	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	BURSTEIN, OSCAR	1401 SW 95 CT.	MIAMI FL	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)