

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAY 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746162 (7)

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.

d b a OAKS OF BOCA

Principal Place of Business

600 NW 13TH ST.
BOCA RATON FL 33486

Mailing Address

600 NW 13TH ST.
BOCA RATON FL 33486

3. Date Incorporated or Qualified
03/07/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

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	MD	<input checked="" type="checkbox"/> DELETE
NAME	HIDALGO, JAMES L.	
STREET ADDRESS	P. O. BOX 273262	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, COLLEEN	
STREET ADDRESS	618 NW 13TH ST APT 16	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLOCH, IGAL	
STREET ADDRESS	817 NE 72ND ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PESES, MARVIN	
STREET ADDRESS	6430 VIA ROSA	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEIDE, WILLIAM	
STREET ADDRESS	1275 N SWINTON AVE	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERKEBILE, HARRY	
STREET ADDRESS	620 NW 13TH ST. APT 23	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEEN, DAVID	
1.3 STREET ADDRESS	380 N.E. 23 Way	
1.4 CITY - ST - ZIP	BOCA RATON, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLOCH, IGAL	
3.3 STREET ADDRESS	1446 NWBOCA RATON BLVD.	
3.4 CITY - ST - ZIP	BOCA RATON, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARABALLO, JAY	
5.3 STREET ADDRESS	626 N.W. 13 St APT 37	
5.4 CITY - ST - ZIP	BOCA RATON, FL	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

IGAL BLOCH - PRESIDENT

395-0674

Date

Daytime Phone

CR2E037 (12/95)