

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # 746162 (7)  
1. Corporation 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 33486-2402

3. Date Incorporated or Qualified 03/07/1979 3a. Date of Last Report 05/10/1996  
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

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

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 *Travis Jenkins* TRAVIS JENKINS ACCOUNTANT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	DEEN, DAVID	380NE 23RD WAY	BOCA RATON FL	<input type="checkbox"/>
VD	WHITE, COLLEEN	618 NW 13TH ST APT 16	BOCA RATON FL	<input type="checkbox"/>
PD	BLOCH, IGAL	1446 NW BOCA RATON BLVD.	BOCA RATON FL	<input type="checkbox"/>
D	PESSER, MARVIN	6430 VIA ROSA	BOCA RATON FL	<input checked="" type="checkbox"/>
D	CARABALLO, JAY	626 NW 13TH ST. APT. 37	BOCA RATON FL	<input type="checkbox"/>
D	BERKEBILE, HARRY	620 NW 13TH ST. APT 23	BOCA RATON 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	Change	Addition
2.1 TITLE <td></td> <td>2.2 NAME<td>2.3 STREET ADDRESS<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		2.2 NAME <td>2.3 STREET ADDRESS<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.3 STREET ADDRESS <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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3.3 STREET ADDRESS <td></td> <td>3.4 CITY - ST - ZIP<td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>		3.4 CITY - ST - ZIP <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>PD</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td>	PD	4.2 NAME	4.3 STREET ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6.1 TITLE <td></td> <td>6.2 NAME<td>6.3 STREET ADDRESS</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>		6.2 NAME <td>6.3 STREET ADDRESS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Travis Jenkins* TRAVIS JENKINS ACCOUNTANT  
Signature and typed or printed name of signing officer or director

4/23/97 564-3950671  
Date Daytime Phone # 0044961

CR2E037 (9/96)