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Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33176-1416

3. Date Incorporated or Qualified 08/15/1979 3a. Date of Last Report 01/24/1996
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Burstein, Oscar
1.3 STREET ADDRESS 1401 SW 85 Ct.
1.4 CITY-ST-ZIP Miami FL 33144
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 400002246094
5.3 STREET ADDRESS -07/24/97--01003--035
5.4 CITY-ST-ZIP ***61.25
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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; 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, changed, or on an attachment with an address: