

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90108 028 ****61.25

DOCUMENT # 746162

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

600 NW 13TH ST.
BOCA RATON FL 33486

Mailing Address

600 NW 13TH ST.
BOCA RATON FL 33486



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1979

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

9. Name and Address of Current Registered Agent

**SCHNER, LARRY E P.A.
750 SOUTH DIXIE HIGHWAY
BOCA RATON FL 33432**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **TD**
STREET ADDRESS **SCHOUR, RITA**
CITY-ST-ZIP **500 S OCEAN BLVD, #401 N
BOCA RATON FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WHITE, COLLEEN**
CITY-ST-ZIP **616 N W 13TH STREET
BOCA RATON FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BLOCH, IGAL**
CITY-ST-ZIP **1446 NW BOCA RATON BLVD.
BOCA RATON FL**

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **MORTIMER, JOHN**
CITY-ST-ZIP **626 N.W. 13TH ST., #38
BOCA RATON FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BLOCH, IGAL**
CITY-ST-ZIP **1446 N W BOCA RATON BLVD
BOCA RATON FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MORTIMER, JOHN**
CITY-ST-ZIP **626 N W 13TH STREET
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **KLASFELD, MICHAEL**
1.4 CITY-ST-ZIP **70 SE 4TH AVE
DELRAY BEACH, FL 33483**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **PICCOLI, JOSE**
2.4 CITY-ST-ZIP **3230 NE 59TH ST
FT LAUDERDALE, FL 33308**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **BRANCMAN, AXEL**
3.4 CITY-ST-ZIP **20951 VIA AZALEA #1
BOCA RATON, FL 33428**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Colleen White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

4-28-99 561-395-0674

Date Daytime Phone #

CR2E037 (11/98)