


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90015 011 \*\*\*\*61.25

<b>DOCUMENT # 746162</b> 1. Entity 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
--	--

DO NOT WRITE IN THIS SPACE

40112908



08012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1889307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RANDALL K. ROGER & ASSOCIATES, P.A. 621 N.W. 53RD ST-SUITE 300 BOCA RATON, FL 33487
--

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOUR, RITA 500 S. OCEAN BLVD #401 N BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, COLLEEN 4599 BETELNUT ST BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICOLO, JOSE 3230 NE 59TH ST. FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAVERMAN, ALEX 10592 WHEELHOUSE CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOCH, IGAL 817 NE 72ND ST BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, HECTOR 626 N.W. 13TH ST - #21 BOCA RATON, FL 33486

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Colleen White, Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
---	------------	-----------------------