

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **724617** (6)

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. HI, INC.

Principal Place of Business

% WILLIAM SWARTZ JR.
1855 HARRISON ST.
TITUSVILLE FL 32780

Mailing Address

% WILLIAM SWARTZ JR.
1855 HARRISON ST.
TITUSVILLE FL 32780



3. Date Incorporated or Qualified

10/24/1972

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 1919 HARRISON ST.

26 1919 HARRISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TITUSVILLE, FL

28 Titusville, FL

Zip

Country

Zip

Country

24 32780

25 BREVARD

29 32780

30 BREVARD

9. Name and Address of Current Registered Agent

SWARTZ, JR. WILLIAM
1855 HARRISON STREET
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name WALLACE W. REIFF

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

83 1919 HARRISON STREET

84 City TITUSVILLE FL 85 Zip Code 32780

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

Wallace W. Reiff

WALLACE W. REIFF

1/27/96

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 **D** ☒ DELETE
NAME **BENDTSEN, FRED**
STREET ADDRESS **1919 HARRISON ST**
CITY - ST - ZIP **TITUSVILLE, FL 00000**

TITLE **PD** ☒ DELETE
NAME **SWARTZ, WILLIAM**
STREET ADDRESS **1855 HARRISON STREET**
CITY - ST - ZIP **TITUSVILLE, FL 00000 FL 32780**

TITLE **VD** ☐ DELETE
NAME **WARD, AL**
STREET ADDRESS **1969 HARRISON ST.**
CITY - ST - ZIP **TITUSVILLE, FL 00000 32780**

TITLE **D** ☒ DELETE
NAME **FOERSTER, GEORGE E.**
STREET ADDRESS **1895 HARRISON ST.**
CITY - ST - ZIP **TITUSVILLE, FL 00000**

TITLE **SD** ☐ DELETE
NAME **CATES, EDITH**
STREET ADDRESS **1943 HARRISON ST**
CITY - ST - ZIP **TITUSVILLE, FL 00000 FL 32780**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ASSOC - DIRECTOR** ☒ Change ☒ Addition
1.2 NAME **DIANA YEARSLEY**
1.3 STREET ADDRESS **1847 HARRISON STREET**
1.4 CITY - ST - ZIP **TITUSVILLE, FL 32780**

2.1 TITLE **PRESIDENT-SECRETARY, DIRECTOR** ☒ Change ☒ Addition
2.2 NAME **WALLACE W. REIFF**
2.3 STREET ADDRESS **1919 HARRISON STREET**
2.4 CITY - ST - ZIP **TITUSVILLE, FL 32780**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **TREASURER - DIRECTOR** ☒ Change ☒ Addition
4.2 NAME **DORIS KLINE**
4.3 STREET ADDRESS **1871 HARRISON STREET**
4.4 CITY - ST - ZIP **TITUSVILLE, FL 32780**

5.1 TITLE **DIRECTOR (ONLY)** ☒ Change ☐ Addition
5.2 NAME **CATES, EDITH**
5.3 STREET ADDRESS **1943 HARRISON ST.**
5.4 CITY - ST - ZIP **TITUSVILLE, FL 32780**

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 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:

Wallace W. Reiff

WALLACE W. REIFF 1/27/96 (407) 269-6551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)