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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **724617** **(6)**

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. III, INC.

Principal Place of Business	Mailing Address
~~1919 HARRISON ST.~~ ~~1855 HARRISON ST.~~ ~~TITUSVILLE FL 32780~~ US	~~1919 HARRISON ST.~~ ~~1855 HARRISON ST.~~ ~~TITUSVILLE FL 32780-4600~~ US

3. Date Incorporated or Qualified: 10/24/1972
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21: 1983 Harrison St.
Suite, Apt. #, etc. 22:
City & State 23: Titusville FL
Zip 24: 32780 Country 25: US

2a. Mailing Address
26: 1983 Harrison St
Suite, Apt. #, etc. 27:
City & State 28: Titusville FL
Zip 29: 32780 Country 30: US

4. FEI Number: 59-1743032 ☐ 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

9. Name and Address of Current Registered Agent

REIFF, WALLACE W.
1919 HARRISON ST.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: Patty L. Mantz, President
82 Street Address (P.O. Box Number is Not Acceptable): 1983 Harrison St.
83:
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: Patty L. Mantz Patty L. Mantz President — 1/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ASD	☐ DELETE	1.1 TITLE	Secretary, Director	☐ Change ☐ Addition
NAME	YEARSLEY, DIANA		1.2 NAME		
STREET ADDRESS	1847 HARRISON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PS	☒ DELETE	2.1 TITLE	President & Director	☒ Change ☒ Addition
NAME	REIFF, WALLACE W.		2.2 NAME	Patty L. MANTZ	
STREET ADDRESS	1919 HARRISON ST.		2.3 STREET ADDRESS	1983 Harrison St	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VD	☒ DELETE	3.1 TITLE	CONNIE Porter, Director	☐ Change ☒ Addition
NAME	WARD, AL		3.2 NAME	1935 Harrison St	
STREET ADDRESS	1969 HARRISON ST.		3.3 STREET ADDRESS	Titusville, FL 32780	
CITY-ST-ZIP	TITUSVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	[redacted]	☒ Change ☐ Addition
NAME	KLINE, DORIS		4.2 NAME		
STREET ADDRESS	1871 HARRISON ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	CATES, EDITH		5.2 NAME		
STREET ADDRESS	1943 HARRISON ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 00000 FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TREASURER, DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	W. W. REIFF	
STREET ADDRESS			6.3 STREET ADDRESS	1919 Harrison St	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Titusville, FL 32780	

CR2E037 (9/96)

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: Patty L. Mantz Patty L. Mantz President — 1/24/97 — 407-383-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014994