

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724617** (6)

1. Corporation Name

**SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. HI, INC.**



Principal Place of Business <b>1883 HARRISON ST 1855 HARRISON ST. TITUSVILLE FL 32780 US</b>	Mailing Address <b>1883 HARRISON ST 1855 HARRISON ST. TITUSVILLE FL 32780 US</b>
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3. Date Incorporated or Qualified <b>10/24/1972</b>	4. FEI Number <b>59-1743032</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 1919 Harrison St</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1919 Harrison St</b> Suite, Apt. #, etc.
City & State <b>23 Titusville, FL</b> Zip <b>24 32780</b>	City & State <b>28 Titusville, FL</b> Zip <b>29 32780</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MANTZ, PATTY L 1883 HARRISON ST TITUSVILLE FL 32780</b>
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10. Name and Address of New Registered Agent <b>81 Name W.W. REIFF</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1919 Harrison Street</b> <b>83 City Titusville FL 85 Zip Code 32780</b>
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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 W.W. REIFF, SEC/TREAS (NOTE: Registered Agent signature required when reappointing) DATE 1/28/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEARSLEY, DIANA 1847 HARRISON ST. TITUSVILLE, FL 00000 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTZ, PATTY L 1883 HARRISON ST TITUSVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CONNIE 1935 HARRISON ST TITUSVILLE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLINE, DORIS 1871 HARRISON ST. TITUSVILLE, FL 00000 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATES, EDITH 1943 HARRISON ST TITUSVILLE, FL 00000 FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REIFF, W.W. 1919 HARRISON ST TITUSVILLE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Director</b> <b>ANNA M. REIFF</b> <b>1919 HARRISON ST</b> <b>TITUSVILLE, FL 32780</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Secretary/Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: W.W. REIFF 1/28/98 (407) 269-4551

CP2E037 (10/97)