

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  
Mar 19, 1999 8:00 am  
Secretary of State

03-19-1999 90009 005 \*\*\*\*30.60

03-19-1999 90009 006 \*\*\*\*30.65

DOCUMENT # 724617

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. HI,  
INC.

Principal Place of Business

1919 HARRISON ST  
TITUSVILLE FL 32780  
US

Mailing Address

1919 HARRISON ST  
TITUSVILLE FL 32780  
US



2. Principal Place of Business

21 1967 HARRISON ST

Suite, Apt. #, etc.

22

City & State

23 TITUSVILLE, FL

Zip Country

24 32780 25 FLORIDA

2a. Mailing Address

26 1967 HARRISON ST

Suite, Apt. #, etc.

27

City & State

28 TITUSVILLE, FL

Zip Country

29 32780 30 FLORIDA

3. Date Incorporated or Qualified

10/24/1972

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

9. Name and Address of Current Registered Agent

REIFF, W.W.  
1919 HARRISON STREET  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name JAMES J. KILLORAN

82 Street Address (P.O. Box Number is Not Acceptable)  
1967 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 James J. Killoran, Treasurer

1-23-99

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 REIFF, ANNA M  
STREET ADDRESS 1919 HARRISON ST  
CITY-ST-ZIP TITUSVILLE, FL 00000 32780

TITLE D ☐ DELETE  
NAME PORTER, CONNIE  
STREET ADDRESS 1935 HARRISON ST  
CITY-ST-ZIP TITUSVILLE FL

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

TITLE STD ☒ DELETE  
NAME REIFF, W.W.  
STREET ADDRESS 1919 HARRISON ST  
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☒ Addition  
1.2 NAME JAMES J. KILLORAN  
1.3 STREET ADDRESS 1967 HARRISON ST  
1.4 CITY-ST-ZIP TITUSVILLE, FL, 32780

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME RANDY CUBO  
2.3 STREET ADDRESS 1959 HARRISON ST  
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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)