

1/18

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90012 041 \*\*\*\*61.25

**DOCUMENT # 724617**

1. Entity Name

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

Principal Place of Business

Mailing Address

1887 HARRISON ST.  
TITUSVILLE FL 32780  
US

1919.

1887 HARRISON ST.  
TITUSVILLE FL 32780  
US

1919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1743032

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HURD, ANDREA  
1919 HARRISON ST  
TITUSVILLE FL 32780

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

P.R.D. 1/10/02

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing:  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HURD, ANDREA**  
STREET ADDRESS **1919 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **D** ☐ Delete  
NAME **VP DAVIS, JOHN**  
STREET ADDRESS **1887 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **VD** ☒ Delete  
NAME **CATES, EDITH**  
STREET ADDRESS **1943 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE, FL 00000 FL**TITLE **D** ☐ Delete  
NAME **S HOLLEY, JEAN R**  
STREET ADDRESS **1849 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **D** ☐ Delete  
NAME **D JUNGQUIST, DIGBY L**  
STREET ADDRESS **1871 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **P** ☒ Delete  
NAME **CATES, EDITH**  
STREET ADDRESS **1943 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition  
NAME **P DAVID RUSHTON**  
STREET ADDRESS **1927 HARRISON ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 1/10/02 P.R.D.

CR2E037 (9/01)