


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 724617 1. Entity Name SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. I-II, INC.	
---	---

Principal Place of Business 1919 HARRISON AT TITUSVILLE, FL 32780 US	Mailing Address 1919 HARRISON AT TITUSVILLE, FL 32780 US
--	--



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1743032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HURD, ANDREA 1919 HARRISON ST TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Andrea Hurd</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE <u>1-19-2005</u>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURD, ANDREA 1919 HARRISON ST TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JEAN 1903 HARRISON ST TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONEY, VICKI 1911 HARRISON ST. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLEY, JEAN R 1849 HARRISON ST TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMONA, POLVERE 1975 HARRISON ST. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000189591 01/24/05-80101-010 61.25 DO NOT WRITE IN THIS SPACE
--

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: <u>Andrea Hurd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-19-2005</u> Daytime Phone #

321-267-1044